CIVILIAN PERMANENT CHANGE OF STATION PCS TRAVEL VOUCHER GUIDE

HOW TO COMPLETE THE DD 1351-2



Thank you for your service to the nation and thank you in advance for referring to this guide as you prepare your travel vouchers. We have customer service personnel, who stand ready to assist you in completing documentation necessary to ensure timely and proper payment.

This "How to" guide is intended for all Civilian PCS Travelers serviced by DFAS Columbus Travel Pay Services. It provides step-by-step procedures in preparing a travel voucher so it is "pay ready" upon submission. The goal with this guide and other travel information pamphlets is to assist you, the traveler, in receiving faster payment. Submitting "pay ready" vouchers to the Defense Finance and Accounting Service Columbus will assist us in providing you a timely and accurate payment.

Defense Finance and Accounting Service Columbus Center Travel Pay Services



Civilian PCS Travel Pay Customer Service Inquiries

Please contact the agency or official issuing your travel orders for specific assistance with the Travel order, DD form 1614. For information regarding the processing of or explanation of payment for PCS vouchers processed by DFAS Columbus Travel Pay Services you may contact us at:

Toll Free	1-800-756-4571 Option 3
Commercial	216-522-6998
DSN	580-6998
PCS Voucher submissions can be sent by fax to:	216-367-3422 (DSN 580-7833)
(any one of the following)	216-367-3423 (DSN 580-7834),
	216-367-3424 (DSN 580-7835)
PCS Advance Requests <u>only</u> can be sent by fax to:	216-367-3428 (DSN 580-7839)
Civilian Set-up or Change; Fax information to:	216-367-3430(DSN 580-7841)
Disbursing EFT Payment Tracer	1-800-756-4571 Option 3

Table of Contents

Introduction	1
Army Travel Customer Service Inquiries	2
Very Important Information	3
Examples of a Permanent Change of Station (PCS) travel voucher	4
Instructions for completing a DD Form 1351-2 for:	
Renewal Agreement Travel	4
House Hunting Trip	9
Travel to New Duty Station (En route travel)	12
POV Pick up / Drop off Expenses	15
POV Shipment within CONUS	18
Movement & Storage of Household Goods	20
Temporary Quarters Subsistence Expense	22
Miscellaneous Expense Allowance	24
Real Estate / Unexpired Lease/ Relocation Services	26
Relocation Income Tax (RIT) Allowance	30
Civilian Permanent Change of Station (PCS)	
Travel Pay - Supplemental	
Explanation of Box Text for Block 15	
Samples of Other Forms Common to Civilian PCS	35

VERY IMPORTANT INFORMATION

Incomplete information will stop your claim from being paid!

Here are 10 common errors that can stop your claim from being paid:

- 1. EFT / Direct Deposit Information is not included with claim
- 2. Personal information is not accurate or incomplete on DD Form 1351-2 (blocks 1-14).
- 3. Incomplete itinerary (block 15) on DD Form 1351-2.
- 4. Missing traveler's official signatures/dates (blocks 20 a & b) on DD Form 1351-2.
- 5. Missing Reviewer/Approving Official signatures/dates (blocks 20 c & d) on DD Form 1351-2.
- 6. Missing orders (DD Form 1614) and / or any and all amendments.
- 7. Order, DD Form 1614, or amendments are incorrect or incomplete.
- 8. Missing supporting documentation such as receipts for lodging or any expense of \$75.00 or more.
- 9. Missing or improperly completed DD Form 2912 for Temporary Quarters Subsistence Expenses
- 10. Missing or improperly completed certification statement with Miscellaneous Expense Allowance

Other helpful hints:

- ❖ If you use your own personal vehicle as mode of travel, block 16 must be completed.
- ❖ If you are authorized TDY enroute, please ensure that your orders reflect accurate and complete TDY information. Although your TDY enroute information should be included on your PCS order; in some cases, you may receive separate orders. Please submit copies of any/all orders received.
- ❖ All previous advances received related to the PCS Travel (non-submission of previous payment data can result in delays of payment).
- * Receipts for all lodging, regardless of amount.
- ❖ All receipts for expenses incurred for \$75.00 or more must be submitted.
- ❖ Be sure to include a copy of your travel orders, DD form1614, with any amendments each time you submit a claim.
- ❖ DIRECT DEPOSIT: Employees must submit direct deposit information to establish or change their financial institution for PCS Travel reimbursements.
- Additional information regarding claims discussed in this booklet are also available in the DFAS Columbus Handbook for Civilian Permanent Duty Travel (PDT) at: http://www.dfas.mil/travelpay/dodagencies/permanentdutytravelpdt.html or in the Joint Travel Regulation (JTR) Volume II Chapter 5 which can be found on the web at: http://www.defensetravel.dod.mil/perdiem/trvlregs.html
- ❖ Often times several vouchers (DD Form 1351-2) will be submitted during the PCS transition to the new duty station. Blocks 1 -14 will be completed in similar fashion each time and in accordance with the guidance below. However please remember as you locate permanent residence to provide a current address to which information including your W2 Form may be sent. Also be sure to update you email address and duty station phone number if and as those changes occur.

Instructions for completing a DD Form 1351-2 for Renewal Agreement Travel

Block 1: PAYMENT

Electronic Funds Transfer (EFT) is mandatory absent a waiver from your agency. You may submit a SF 1199, DD 2762, or other documentation as long as it contains the following to ensure payment is properly transferred to your account:

- ✓ The Traveler's name
- ✓ The Traveler's SSN
- ✓ The Traveler's address
- ✓ The routing number
- ✓ The account number
- ✓ Whether the account is Checking or Savings

SPLIT DISBURSMENT when available requires an "x" in the block requesting it and the dollar amount to be sent to the Government Travel Card. If reimbursement is less than the amount requested, then the whole reimbursement would be sent to the Government Travel Card.

- Block 2: Name: Last name, first name, and middle initial of Employee.
- Block 3: Grade of the Employee.
- Block 4: Social Security Number of Employee.
- Block 5: Indicate "PCS" and "Member/Employee" for employee only. Indicate "PCS", Member/Employee", Dependent(s)
 - for employee and dependents.

Indicate "PCS" and "TDY' - for TDY enroute.

Indicate "PCS", "Dependent(s)" – for dependent(s) travel only.

Blocks 6a-6d: Valid mailing address for receipt of advice of payment.

- Block 6e: Valid e-mail address.
- Block 7: Daytime telephone number in the event DFAS Columbus should need to make contact.
- Block 8: Order number which is listed on the orders or amendments, (See DD Form 1614 Block 25), provided to the employee.
- Block 9: List any and all previous payments paid from any finance office pertaining to the travel period being claimed. List "0.00" if you have not received any payments and "?" if you are not certain.
- Block 10: Do Not Use Leave Blank.
- Block 11: Employee's new duty station address where employee is being assigned. (See DD Form 1614 Block 8).
- Blocks 12-14: Dependent(s): If you have moved dependents from duty station to home or record (HOR) and back, then follow steps on the next page to complete this portion.
 - *** Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied."
- Block 12a: List last name, first name, and middle initial of all dependents.
- Block 12b: List the relationship to the employee.

- Block 12c: List the date of birth of dependent children and date of marriage for spouse.
- Block 13: List the address where dependents were residing at time PCS orders were received.
- Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.
 - Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. In the case of Renewal Agreement Travel when an overnight stop is incurred a memorandum from the TMO office clearly indicating overnight stops are required and why would is required. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: If a privately owned conveyance was used, then you must indicate whether POC is Own/Operator or Passenger.

 If you are claiming mileage for an authorized POC driven to / from a terminal, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel.
- Block 18: Reimbursable Expenses:
 - a: List the date the expense was incurred.
 - b: List the type of expense (i.e., taxi fares).
 - c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the travel to or from the Home of Record during Renewal Agreement Travel

In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.
- ** Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate "Ded" or "Gov" next to the number of meals.

- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

- Block 22: Leave Blank Finance Office use only.
- Blocks 23-28: Leave Blank Finance Office use only.
- Block 29: Used to clarify anything out of the ordinary, such as:
 - Indicate any and all leave periods during TDY.
 - Clarify any additional travel-related issues.
 - Reflect exchange rates when working with foreign currency.
 - List/explain any additional expense authorized after the fact by the AO.

	TRA	VEL VO	UCHER	OR SU	BVOU	CHER		comple	tina	form.	Use to	voewrite		ball poi	and instruct nt pen. PRE varks.			k before DO NOT use
	ctroni	Fund	SPLIT DIS representing	BURSEME travel charge a payment to	NT: The P	wying Office sortation, lo	e will pay dging, an	directly to the	e Go	METERS IN	ert Trave dyllan er	Charge C riployee, u	Sand (GTCC rises your) contra lect a di	for the portion ferent amount.	of your o Military	eimbur persor	mement melare required
	inster yment	by Check		the followin											ontractor:	\$		
			uting (Print or	(ype)			1.GRA		4.1	SSN	000 0	0.000		_	OF PAYMEN	Car		
5 Appe		NUMBERA	NDSTREET		b. CITY		111	P-CE	E.1	STATE		0-0000 ZIP COOL		-	DY CS	Ш	Membe Other	er/Employee
		OX ###				AI	90			ΑE	- 1	***			ependent(x)	Н	DLA	
e E-MAII	ADDR	ess PU	BLIC.SAI	MPLE@U	S.ARM	Y.MIL								-	R D.O. USE O	NLY		
7. DAYTI AREA	COOR	EPHONE NO		NUMBER				9. PREVIO		OVER	SMMENT	PAYMEN	TE	a. D.	O. VOUCHER !	UMBEI	ŧ	
11 000		-555-555: ION AND ST		Block	5 of DI) torm	1014				0.00			b 19	BVOUCHER N	THE STATE OF		
II. Orto			ency Nan	ie & Loc	ation									3. 3.	DVDGCFER N	DWDE.		
12. DEPE	NDEN	(S) (X and co	omplete az ap	plicable)				13. DEPEN			ODRESS Zip Code		SPT OF	c. PA	ID BY			
X AC	COMP	ANIED			CCOMPAN			ORDE			2.p C 3.0e							
		od, Find, Mick	die Anthiel)		ONSHIP													
Smith, Smith.		_		Wif	_	0504												
J	Зац	,		Daug	mer	0005	-	14. HAVE	IOUS	EHOL	B G000	OS BEEN :	SHIPPEOT	d. COM	PUTATIONS			
								(X one) YES			NO (E	splint in R	emarks)					
15. MINE a. DATE	RARY	b III Ar	E Plane, Of	les Hers &		and Pilada		MEANS/ MODE OF		SON	100	e. KGING	POC					
2009			Caty.	and Country,	etc)			TRAVEL		DR TOP		OST	MILES					
06/27	ARR	DODDS	BAMBI	ERG, GN	A (PDS)			CA		T				_				
06/27	DEP	NUREN	IBERG A	AIRPOR'	T, GM			TP	-		ł							
06/27	ARR	OPTAN	DO, FL	(TOP)					A	Ф								
08/16	DEP	OKLAN	DO, FL	(HOK)				TP										
08/16	ARR	NUREN	BERG A	AIRPOR'	T, GM				A	LT_	ļ							
08/16	ARR	_					-	CA	N	1C	\vdash			_				
08/10	DEP	DODDS	BAMBI	ERG, GN	A (PDS)				1.4	10	ł			_				
	ARR																	
	DEP	_					_								MARY OF PA	MENT		
	ARR										l			(1) Per	Diem al Esperae Al		+	
	ARR								⊢		\vdash			(3) Mile			+	
16. POC	TRAVE	L (X one)	OWN	OPERATE		PA	SSENGE	R	_	17. D	URATIO	N OF TRA	WEL	-	endent Travel		\dashv	-
18. REIM	BURSA	BLE EXPEN	SES								12 HO	URS OR L	Ess	(5) DL				
a. DA			NATURE OF			c. AMO		d ALLOV	ÆD.						mburnable Exp	erman.	\bot	
06/26			GE TO F O AIRPO		1		87.60_		_		MORE BUT 2	THAN 12 4 HOURS	HOURS	(7) Tot	a Advance		+	0.00
06/27			ROM AI				55.00 <u> </u>		_						ourt Owed		+	
08/15			GE TO G		VΥ		47.00		_	×	MORE	THAN 24	HOURS	(10) An	ourt Due		\top	
08/16	/09	TAXI T	O AIRPO	ORT		4	10.00			19. G			DUCTIBLE				$\overline{}$	
08/16	/09	TAXIF	ROM AI	RPORT			55.00			_	a. DAI	TE	b. NO. 0	MEALS	# D	ATE	- 6	. NO. OF MEALS
							_		_	_					1		+	
									_	\vdash					+		+	
		SIGNATUR		+ EOD34	MITTER	DE CI	· NITTED	43TD D										DATE
		PRINTED N	AME	FORM	MUSI	4 REVIE			AI.	ED.				a 751	EPHONE NUM	BER	_	DATE
* MU	ST P	RINT NA	ME OF		VER. *			E SIGN	ΑT	URE	OF	REVIE	WER.	0	00-000-00	000	M	MDDYYY
			S PRINTED			PEOI		ONLY	ON	CEI	RTAT	N CT A	TMS.	١.	EPHONE NUM			DATE
KEQU 22. ACC	UKE.	G CLASSIN	ON CER	CIAIN	LAIN	QU		JINLI	-	CEI		. CLA		- 6	14-693-0	000	M	MDDYYY
AGEN	CY	USE ON	LY															
23. COLL	ECTIO	NIDATA																
		USE ON	LY															
24. COM			S. AUDITED	BY	ATTEMATO	EL ORDER	DOM: N	27. RE	CEN	ED (F)	nyee Sig	neture and	Date or C	heck No.)	25.	AMOU	INT PAID
AGE			AGENC		AG	ENCY	USE	AGE										
DD FC	RM	1351-2,	MAR 20	800				EVIOUS E NTIL SUP							eption to SF 1	012 app		ryGSARIOMS 12-91. Adobe Designer 7.0

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(8): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filling system for filling and retrieving individual plaims.

ROUTINE U8E(8): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal Income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe oriminal and civil penalties for knowingly submitting a false, flotitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3728).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card* block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars, than you are entitled, "ail" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

- Original and/or copies of all travel orders/authorizations and amendments, as applicable.
- 2. Two copies of dependent travel authorization if issued.
- Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
- 4. Copy of GTR, MTA or ticket used.
- Hotel/motel receipts and any Item of expense claimed in an amount of \$75.00 or more.
- 6. Other attachments will be as directed.

ITEM 16 - ITINERARY - SYMBOLS

160. MEAN 8/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note) - T	Automobile - A
Government Transportation	- G	Motorcycle - M
Commercial Transportation		Bus - B
(Own expense)	- C	Plane - P
Privately Owned		Rall - R
Conveyance (POC)	-P	Vessel - V

Note: Transportation tickets purchased with a CBA must not be claimed in item 18 as a reimbursable expense.

16d, REASON FOR STOP

Authorized Delay	- AD	Leave En Route - LV
Authorized Return	- AR	Mission Complete - MC
Awaiting Transportation	- AT	Temporary Duty - TD
Hospital Admittance	- HA	Voluntary Return - VR
Hospital Discharge	- HD	•

ITEM 16e. LODGING COST

Enter the total cost for lodging.

ITEM 18 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4126-43g and JTR, par. C4664-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29 REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (Including Identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.
- THE TRAVELER MAY USE THIS SPACE TO CLARIFY ANY ADDITIONAL TRAVEL-RELATED ISSUES SUCH LEAVE OR TDY DATES
- REFLECT EXCHANGE RATES WHEN APPLICABLE
- LIST/ EXPLAIN ANY ADDITIONAL EXPENSE AUTHORIZED AFTER THE FACT.
- IF APPROVING OFFICIAL HAS SPECIFICALLY APPROVED AUTHORIZED ITEMS, THEN IT CAN BE CITED HERE
 WITH THEIR INTIALS: THIER SIGNATURE AND DATE ARE REQUIRED TO BE PLACED IN BLOCK 21a-21d.

DD FORM 1351-2 (BACK), MAR 2008

Reset

Instructions for completing a DD Form 1351-2 for House Hunting Trip (HHT)

- Block 1 –Block 11: Complete as directed on page 4 of this booklet.
- Blocks 12-14: Dependent(s): Dependent children may travel on a House
 Hunting Trip but at employee (not government) expense.
 If your dependent spouse is traveling from previous duty station
 or residence to new duty station, then follow steps below to
 complete this portion. ***Note: Mark "accompanied" if spouse
 traveled with employee or "unaccompanied" if spouse traveled
 separate from the employee. If employee only traveled, then
 mark "unaccompanied".
- Block 12a: List last name, first name, and middle initial of spouse.
- Block 12b: List the relationship to the employee.
- Block 12c: List the date of marriage for spouse.
- Block 13: List the address where dependents were residing at time PCS orders were received.
- Block 14: Indicate whether household goods have been shipped.
- Block 15: Itinerary
 - a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.

 Next to "DEP" list the date departed for next stage of trip
 - Next to "ARR" list the date arrived at your New Permanent Duty Station.
 - b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
 - c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
 - d: Reason for Stop: List the reason for stops using the appropriate two letter code.
 - e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
 - f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.
- Block 17: Indicate the total duration of travel.
- Block 18: Reimbursable Expenses:
 - a: List the date the expense was incurred.
 - b: List the type of expense (i.e., taxi fares).
 - c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.

Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.

Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

		VEL VO	UCHER					penoil.	ling fo	e eb	ace is needed,	r, lnk, or continue	ball point e in rema	pen. PRE	88 HA	RD. DO NOT use
1. PAY		c Fund	SPLIT DIS	BURSEME travel charge	NT: The P	Paying Offic portation, lo	a will pay adging, an	directly to the	e Gove		nt Travel Charge (Misn employee, c	Serd (GTC) rileas you	C) contracts elect a diffe	r the portion rent amount.	of your n Military	simbursement personnel are required
X TR	nsia	(EFT)	to designate	a payment t	at equals t	he total of t	heir outst	ending gover	ment.	THE VAL	card balance to th	■ GTCC n	ortractor.			
	•	by Check	ntiel) (Printie)		g amount	or this rei	1 GRA		4.5		vernment Trav	e Charge		D'E PAYMEN		0.00
Doe. J	-		ace) (Fish o	0,000				3S-7	1		000-00-000)	10		_	Member/Employee
6. ADDR	55. s	NUMBERA	NO STREET		ь спу				c. 51	TATE	d. ZIP COOL		X PO		-	Other
123 OI	D S	TREET				DAVE	NPOR	T		IΑ	528	01	X	pendert(x)	H	DLA
e E-MAII			BLIC.SA										10. FOR	D.O. USE O	NLY	
7. DAYTI AREA	COOR	LEPHONE N		8. TRAVEL				9. PREVIO		OVER	NIVENT PAYMEN	TEV	a. 0.0.	VOUCHERN	UMBER	
II coc		-555-555 TON AND 81	_	Block 2	O 01 D	D 10mm	1014				0.00		h 17.00	VOUCHER N	1000	
II. ORGA	-		ency Nan	ne & Loc	ation								5. 505	VOCCHERCIA	UNDER	
12. DEPE	NDEN	TISI (X and c	omplete az ap	plicable)							ORESS ON RECE	SPT OF	c. PAD	BY		
X A	COMP	ANED		UNA	DOOMPAN	#ED		123 01	ďs.	ľRí	ET					
a. N	WE (L	ed, Fird, Mid	tile (ratio)	6. RELATI	ONSHP	E DATE OF	MAGE	DAVE	NPO	RT,	IA 52801					
Doe, S	uzie	Q.		Wif	e	0507	01	1								
											GOODS BEEN					
-					-			(X one)	-				d. COMP	UTATIONS		
15. ITINE	RARY							YES		×	NO (Esplain in R	emanu)	-			
2009		B. PLAC	CE (Home, Of	Nos, Bass, Ac and Country,	tivity, City	and State;		MEANS/ MODE OF	FO	ER.	LODGING	POC				
05/11	DEP	DEASE	ROCK IS	-	ec.			TP	510				 			
05/11	ARR		MBUS, O					1	AI	0			<u> </u>			
05/20	DEP							TP			900.00					
05/20	ARR	DEASE	OCK IS	LAND					M	С						
	DEP															
	Altit									_			-			
	ARR	-					_						-			
	DEP									-			╁──			
	ARR	-					-						 			
	DEP												e. SUMM	MARY OF PAY	MENT	
	ARR												(1) Per D	lem		
	DEP												(2) Actua	Liperae Al	owaros	
	ARR								Ц,				(3) Miles			
16. POC				OPERATE		PA	SSENCE	R		17. DI	JRATION OF TRA	WEL	(4) Deper (5) DLA	ndent Travel		
N. DA		UBLE EXPEN	. NATURE O	FEXPENSE		s. AMO	UNT	d ALLOW	en.		12 HOURS OR I	ESS		burnable fixp	97.001	
5/1	_		O AIRP				45.00		-	\dashv			(7) Total			0.00
5/1			O AIRP			_	30.00		\neg		MORE THAN 12 BUT 24 HOURS	HOURS OR LESS	(6) Less	Advence		
5/11-5	/20	LODGI	NG TAX			10	08.00				MORE THAN 24	wante	(9) Amou	nt Owed		
5/20			O AIRP				30.00						(10) Amos	unt Due		
5/20			O AIRPO	ORT		+	45.00		\perp	19. G	OVERNMENTIDE			_		L
5/1:		LAUNI					46.85		\dashv		a. DATE	5. NO. O	FMEALS	a. D	RIE	b. NO. OF MEALS
5/11-5		RENTA	L CAR	FAS			75.00 40.00		\dashv							+
5/20	_	_	L CAR			+	35.00		\dashv							
		SIGNATUR	E			_										b. DATE
*****	****	PRINTED N		• FORM	MUST				ATE	D.	•••••	•••••		•••••	••	MMDDYYY
			AME OF	REVIEV	VER *	MUST	C HAV	NATURE E SIGN	ATU	RΕ	OF REVIE	WER		9000-00 0-000-00		MMDDYYY
21.a. AP1	ROVE	NG OFFICIAL	'S PRINTED	NAME		5. SIGN							c. TELET	HONE NUM	BER	d. DATE
			ON CE	RTAIN C	LAIM	REQU	JIRED	ONLY	ON	CEF	RTAIN CLA	IMS	61	4-693-00	000	MMDDYYY
AGEN	CY	USE ON	LY LY			•							•			•
ZS. COLL		NDATA USE ON	LY													
24. COM			S. AUDITED	BY	ATTEMAT	EL ORDER	DATE OF THE PARTY.	27. RE	CEIVE	D (FV	yee Signature an	Date or C	heck No.)		28. /	AMOUNT PAID
AGE			AGENC		AC	ENCY	USE	AGE								
DD FC	RM	1351-2,	MAR 20	008			PR	EVIOUS E	отпо	N M	AY BE USED		Exce	ption to SF 1	012 appr	ewid by GSA/TONS 12-91.

Instructions for completing a DD Form 1351-2 for En route Travel to New Duty Station

Block 1 –Block 11: Complete as directed on page 4 of this booklet. Blocks 12-14: Dependent(s): If you have moved dependents from previous duty station or residence to new duty station, then follow steps on the next page to complete this portion. ***Note: Mark "accompanied" if family traveled with employee or "unaccompanied" if family is traveling separate from the employee (i.e., employee is already at the PCS location). If employee only is traveling, then mark "unaccompanied".

Block 12a: List last name, first name, and middle initial of all dependents.

Block 12b: List the relationship to the employee.

Block 12c: List the date of birth of dependent children and date of marriage for spouse.

Block 13: List the address where dependents were residing at time PCS orders were received.

Block 14: Indicate whether household goods have been shipped.

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.

 Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: List any lodging expense incurred while en route. (List any Tax for Lodging in Block 18)
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.

Block 17: Indicate the duration of travel en route.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.

Block 19: Does not apply to Civilian Permanent Change of Station claims unless TDY was performed within the enroute travel to the New Duty Station. In such a case note in:

- a: Date the meals were provided.
- b: Number of meals provided by the government with no cost to the traveler.
- ** Note: If the meal was furnished at cost, circle Government. If the meal was furnished without cost, circle Deductible. If both Government and Deductible meals were provided; indicate "Ded" or "Gov" next to the number of meals.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

	TRA	VEL VO	UCHER	OR SU	BVOL	ICHER		Read Pr complet pencil.	tvacy A ing form if more	ot Sta n. Us space	stement, Per se typewriter e is needed,	naity Stat r, ink, or oontinue	tement ball po e in rer	t, and inctn int pen. Pi marks.	uotions RESS H	on b ARD	ack before DO NOT use
X	ectroni ansfer		to designate	a payment t	rat equals	the total of t	netrouteb	inding gover	ment tra	vel car	d balance to th	■ G100 o	ontredo	r.			turnement cornel are required
	-	by Check			g amoun	t of this rei					mment Trave	el Charge				<u>77.</u>	
Doe,			ntiel) (Phintor	()(De)			3. GRA	BS-7	4. 55N		0-00-0000)	5. TYP	TOY	ENT (X as	٦.	ceble) nber/Employee
		TREET	ND STREET		5. CITY	DAVE	NPOR:	Т	e STA		528		_~	PCS Dependent(s)	F	OB OU	
e. E-MA			BLIC.SAN	MPLEGIT	SARM	TY.MIL				_			^	OR D.O. USE	ONLY	1	
		LEPHONE N		-		AUTHORIZA	TION			ERNM	ENT PAYMEN	ITSI		O. VOUCHE		я	
AREA		-555-555		Block :	25 of D	D form	1614	ADVAN	CES	0.0	00						
11. ORG	ANIZAT	NON AND ST Age	атюн епсу Nan	ne & Loc	ation								b. 5	UBVOUCHE	CNUMBE	R	
12. DEP	ENDEN	T(S) (X and o	emplete as ep	picebie)							ESS ON RECE	IPT OF	E. P.	ADBY			
X A	CCOMP	ANED		UNA	CCOMPA			123 OL									
		est, First, Mid	de India)	6 RELATI		OR MARS		DAVE	NPOR	Γ, Ι/	A 52801						
Doe,		Q.		Wif	_	0507											
Doe,	Sally			Daugl	hter	0810	31	12			CODS BEEN						
								(X one)	_	_			d. C0	MPUTATION	5		
15. ITINI	FRARY							YES	: [¢ M) (Explain in R	ecturka)	_				
a. DATE		b. PLAC	E (Home, Of	ice, Herre, Ar	ctivity, City	and State		MEANS/ MODE OF	REASON	۱ ۱	LOOGING	Pôc	_				
2009		DE40 -		and Country	etc)			TRAVEL	STOP	+	cost	MILES	-				
1 JUN	ARR	RICHM	OCK IS OND. IN	LAND				P.A	AD	+		205	-				
1 JUN 2 JUN	DEP		OND, IN					PA	AD	-	70.00	385	-				
2 JUN		-					-	PA	MC	+		105	-				
ZJUN	DEP	COLUM	IBUS, O	H					MC	-		103	-				
	ARR						-						_				
	DEP									1			_				
	ARR									+							
	DEP									1							
	ARR									т							
	DEP	1											e. SU	MMARY OF	WYMEN		
	ARR									\top			(I) P	er Dierro			
	DEP	1								1			(2) As	dual Expense	Allowano		
	ARR												(2) M	feage			
16. POC	TRAVE	L (X one)	X OWN	OPERATE		PA	SSENGE	R	17.	DURA	TION OF TRA	WEL		ependent Tran	wi .		
18. REIN	ABURSA	ABLE EXPEN	SES							1,,	HOURS OR L	ESS	(5) (0)	LA			
a. 04	ME.	ь	NATURE OF	EXPENSE		c.AMO	UNT	d.ALLOW	ED					imburaable t	spermen		
1π			AY TOL			—	2.50	7.	00	w	DRE THAN 12 JT 24 HOURS	Hours	(r) To				0.00
1π	IN .	LODGI	NG TAX			—	7.70		\perp	_ •^-	JT 24 HOURS	ORLESS		es Advence			
						+				c w	DRE THAN 24	Hours	_	mount Due		_	
						+			- 		ERNMENTIDE	DISCOUNT OF				_	
		-				+	_		-+"		DATE	b. NO. O			DATE		b. NO. OF MEALS
						+	_		+	_				*			
		<u> </u>				†	-							_			
						†	_		-					_			
		SIGNATUR				-	_							_			6. DATE
_			•••••	• FORM	MUS:				ATED	***	******	•••••	****	•••••	****		MMDDYYY
• MU	STP		AME OF		VER *	MUST	HAV	E SIGN	ATUR	ΕO	F REVIE	WER		614-693-	0000		MMDDYYY
21.a. AP	PROVI	NG OFFICIAL	S PRINTED	NAME		s sign	NTURE TOPED	ONI V	ONIC	PT	ATM CT A	TMS		LEPHONE N			d. DATE
22. ACC	OUNTR	USE ON	CATION	CIAIN C	LAIN	, and c		01121			AIN CLA			614-693-	0000		MMDDYYY
23. COL																	
AGE	NCY	USE ON															
AGE			AGENC		ATTEMAT	GENCY	DOMESTICS.	BYI	NCY		Signature and	f Date or C	heck No	1)	28	. AM	DUNT PAID
DD F	ORM	1351-2,	MAR 20	008			PR	EVIOUS E NTIL SUPI	DITION PLY IS E	XHA	BE USED USTED.			sception to Si Reset	1012 ap	prove	d byGSARMS 12-91. Adobe Designer 7.0

Instructions for completing a DD Form 1351-2 for POV Pick up / Drop Off Expenses

Block 1 –Block 11: Complete as directed on page 4 of this booklet.

Blocks 12: Dependent(s): Mark "Unaccompanied". Note:

There is no reimbursement for dependent transportation or per diem related to this entitlement.

Block 13-14: Leave Blank

Block 15: Itinerary

- a: Date: List the year the travel was conducted. Next to "DEP" list the date organization/residence was departed (e.g., 06/1). Next to "ARR" list the date arrived at a location for Authorized Delay enroute or new PDS if travel was performed the same day.

 Next to "DEP" list the date departed for next stage of trip Next to "ARR" list the date arrived at your New Permanent Duty Station.
- b: Place: Ensure all places where you changed modes of transportation, departed a country or arrived in a country are included.
- c: Means/Modes of Travel: List the type of transportation used for each leg of travel using the appropriate two letter code.
- d: Reason for Stop: List the reason for stops using the appropriate two letter code.
- e: Lodging Cost: Leave Blank; lodging/perdiem is not reimbursable with this claim.
- f: POC (Privately Owned Conveyance) Miles: Insert actual miles driven.
- Block 16: POC Travel: Must indicate whether POC (Privately Owned Conveyance) is Own/Operator or Passenger. If you are claiming mileage for an authorized POC driven to the New Duty Station, then annotate Own/Operator.
- Block 17: Indicate the duration of total travel.

Note: no per diem is reimbursable with this entitlement.

Block 18: Reimbursable Expenses:

- a: List the date the expense was incurred.
- b: List the type of expense (i.e., taxi fares).
- c: List the amount of the expense.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

	TRA	AVEL VO	UCHER	OR SU	BVOU	CHER		Read P comple pencil.	rtva rting	ay Aat form. nore sp	Statement, P Use typewri sace is neede	enalty Sta ter, ink, or d, oontinu	temen ball po e in re	t, and oint p marks	Instruct en. PRE i.	lons o 88 HA	n back before RD. DO NOT use	
		ilc Fund r (EFT)	SPLIT DI: representing to designate	BURSEME phayel charg a payment t	NT: The P ea for trains hat equals t	'aying Office portation, lo he total of th	e will pay dging, an wir outsb	directly to the directly to th	if you	overnme u are a c	nt Travel Charg tvilian employee I card balance to	e Card (GTC , unless you othe GTCC o	C) contr elect a c contracto	actor ti differen	he portion of amount.		einbursement personnel are require	d
	aymer	t by Check			g amount	of this rei					overnment Tit	wel Charge					0.00	_
l_		First, Middle II	ntial) (Finni o	riype)			3. GRA		1	.55N	000 00 000	00	5. TY		PAYMENT	(X az i	applicable)	
	Jane	IK. B. NUMBER A			I s may			3S-9	4		000-00-000 a ze co		Ш	TOY		Ш	Member/Employee	
		STREET	NDSTREET		5. CITY	CHIC	AGO		•	STATE II.		609	×	PCS		Ш	Other DLA	
	AL ADD		RETOSA	MPLEGIT	SARM		лоо				- 00	003	×		dent(s) D. USE OR	\perp	ui.x	_
		LEPHONE N		8. TRAVEL			TION	9. PREVI	OUS	GOVER	NMENT PAYN	ENTSI			JUCHER N		t	_
ARE		-555-555		MARKET	7	D form		ADVA	VCE									
11. OR		TION AND ST									0.00		b. 5	UBVO	UCHER N	UMBER		_
		Ag	ency Nar	ne & Loc	ation													
12. DE	PENDE	IT(S) (X and o	omplete as e	pp/cebie)							ORESS ON RE	CEIPT OF	E. P	ADB	r			\neg
	ACCOM	PANED		UNA	CCOMPAN	ED		ORDE	RS (nclude.	Zip Code)							
	NAME (ast, First, Mid	de India)	6. RELATI	ONSHIP	DATE OF	BIRTH											
								14. HAVE (X one)		SEHOL	D GOODS BEE	N SHIPPEOT	d. Ct	MPUT	ATIONS			
								YES			NO (Explain in	Remarks)						
15. ITH a. OAT	ERAR							MEANS		ÁSON	LOOGING	Påc						
2009		6.PLAC	E prome, O. City	fice, Bess, As and Country,	efc.)	and State		TRAVEL		TOP	COST	MILES						
05/1	au au	DCMA	CHICAG	30, IL (I	OUTY S	TATIO	N)	TP										
05/1	4 ARB	PONTO	ON BEA	ACH, IL ((VPC)					AT								
05/1	4 DEP							PA										
05/1	ARR	DCMA	CHICAG	30, IL (I	ourv s	TATIO	N)		1	MC_		289	↓_					
	DEP	1		J U, III (I			/		╄				├					
	Altit	4							╄				↓_					
	DEP	+							╀				-					
	Altit	-							₩				├					_
	ARR	+							╀				├					_
	DEP	4							+		1		. 51	IVMAI	CY OF PAY	MENT		_
_	Alti	+							Н				—	er Dien			Т	-
	DEP	4							+		1		-		sperse All	evance	_	_
	Altit								Н				(2) M	farge				_
16. PO	C TRAV	EL (X one)	X OWN	OPERATE		PA	SSENGE	R		17. 0	URATION OF T	RAVEL	(4) D	epende	of Towel		_	_
16. RE	MBURS	ABLE EXPEN	SES							T	I		(5) 0	LA				
a. 0	ATE		NATURE O	F EXPENSE		c.AMO	UNT	d. ALLOV	VLD	1	12 HOURS OF	ttess	(E) II	eimbur	sable Espe	FFE REE		
5/14	1/09	AIRFAI	RE			23	29.00			1			(7) 1	dal			0.0	00
5/14	1/09	AGENT	FEE				30.00			1 ×	MORE THAN BUT 24 HOUR	is on less	(8) L	nn Ad	vence			
5/1-	1/09	TAXI T	O AIRP	ORT		:	55.00				MORE THAN:	24 HOURS	(2) A	mount	Dwed			
5/1-	1/09	TAXI T	O VPC				30.00			\perp	and an entire		(10) A	lmount	Due			
		(VEHIC	LE PRO	CESSIN	G CTE					19.0	OVERNMENT			_				
5/14	1/09	TOLLS					3.00			\perp	m DATE	5. NO. 0	OF MEA	LS	a. D/	ATE	b. NO. OF MEAS	15
		ļ				-	_			┼				4			\bot	_
		├								┼				4				_
20 - 7	LAWA	T SIGNATUR								1				_			b.DATE	_
ı				• FORM	MUST	BE SIG	NED	AND D)A1	ED 4	••••••	•••••	••••	••••	*****	••	MMDDYY	y
		S PRINTED N				d. REVIE							e. TE	LEPH	ONE NUM	SER	COATE	
		PRINT NA			VER. *			E SIGN	IA.	TURE	OF REVI	EWER.			-000-00		MMDDYY	Y
21.a. A	PPROV	ING OFFICIAL	'S PRINTED	NAME		B SIGNA	TURE	ONILY	0	I CEI	DTABLET	ATMC	c TE	LEPHO	ONE NUMB	SER	d. DATE	
REÇ	UIRI	D ONLY	ON CE	RTAIN C	LAIN	KEQU	IKED	UNLI	OF	V CE	RTAIN CL	AIMS		614	-693-00	000	MMDDYY	Y
ÄĞİ	NCY	USE ON	LY															
23. CO	LLECTI	ON DATA																_
AGE	NCY	USE ON	LY															
	MPUTE		S. AUDITED	BY	28. TRAV	EL ORDER	NOSTED	27. RI	ECE	VED (P	iyee Signature i	end Date or C	iheck M	a.)		28.	AMOUNT PAID	\neg
AG	ENC	Y USE	AGENC	Y USE	AG	ENCY	USE	AGI	ΕN	CY U	SE							
DD F	ORN	1351-2,	MAR 2	008			PR	EVIOUS E NTIL SUF	PLY	ION M	AY BE USED HAUSTED.		_	Rese		012 appr	roved by GSA/IRMS 12 Adobe Designer	

Instructions for completing a DD Form 1351-2 for POV Shipment Within CONUS

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the POV Shipment within CONUS Claim

Block 18: Reimbursable Expenses:

- a: List the date the POV was shipped.
- b: List "POV Shipment CONUS"
- c: List the amount being claimed for POV Shipment.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

	TR	AVEL VO						penoli.	f more s	pape is needed	d, continue	e in rema	rks.		back before D. DO NOT use
_	YMEN Electro	nic Fund	SPLIT DIS	BURSEME based charge	NT: The I	faying Office portation, los	will pay dging, an	directly to the	Governme you are a	ent Travel Charge civilian employee, il card balance to	Card (GTC) unless your	C) contract elect a diffe	or the portion or ment amount.	d your rei Milbery p	mbursement ersonnel are required
		er (EFT)								overnment Tra			tractor.	s 0.	00
		First, Middle II					3. GRA		4. 55N		•		OF PAYMENT		
	, John						0	3S-7		000-00-000	0	то	Y	M	ember/Employee
		STREET	ND STREET		B. CITY	COLU	METT		e state OH		* 216	X PC		$ldsymbol{\square}$	ther
		MESS PU	BLICEAN	ADDITION OF THE PERSON	CAPAG		мьо	•	J OH	43.	210	~	pendent(s)	\perp	LA
		ELEPHONE NO		8. TRAVEL			nos.	s popul	US COVER	ENMENT PAYME	MTRI		VOUCHER N		
AR	EA COO	5-555-555		101.000.000	•	D form		ADVAN		0.00					
11. OF	IGANIZ	ATION AND ST Age	атюн епсу Nan	ne & Loc	ation					0.00		b. sue	VOUCHER N	UMBER	
12. DE	PENDE	NT(S) (X and o	emplete as ep	picebie)						ODRESS ON REC	EIPT OF	c. PAI	BY		
	ACCON	PANED		UNA	CCOMPAN			123 OL	DSTR	EET					
	NAME	Last, First, Mid.	de India)	6 RELATE	ONSHIP	OR MARS	BIILTH	DAVE	NPORT	, IA 52801					
								UA HOLVE H	NATIONAL PROPERTY.	D GOODS BEEN	LOCI CINADO				
	(X one) X YES NO (Explain in Remarks)														
15, 171	NERAR	γ							4		roectures)				
a. 0A	E		E Prome, Of			and State		MEANS/ MODE OF	REASON FOR	LOOGING	PÖC MILES	_			
200	9 00		City	and County,	etc)			TRAVEL	STOP	cosi	WILLS	_			
ARR .															
	DEP														
POV SHIPMENT (CONUS)															
	DEI	POV SE	HPMEN.	r (cont	JS)					1					
	ARI	SEE BE	TOW												
	DEI	JEE BE	LOW												
	AH	ŧ													
	DEI														
	ARI	4													
	DEI	+											MARY OF PAY	MENT	
	DEI	-								-		(1) Per I	d Esperae Ali:		-
	ARI											(2) Wise		-	+ -
16. PC		/EL (X one)	OWN	OPERATE		I PA	SSENGE	R	17.0	URATION OF TR	AVEL		ndent Travel		+
		SABLE EXPEN				1				1		(b) DLA			_
m. (TATE	1 6	NATURE OF	EXPENSE		c.AMO	INT	d.ALLOW	ED	12 HOURS OR	LESS	(6) Reim	bursable Espe	TO BE	_
		POV SE	HPMEN:	T (CONT	JS)				\neg	1		(7) Total			0.00
		1			,				_	MORE THAN I	SORLESS	(B) Less	Advance		
5/3	0/09	POV SE	IIPMEN'	r (conu	JS)	97	75.00			MORE THAN 2	4 Hours	(3) Amo	art Owed		
												(10) Amo	unt Due		
		1				1			19.0	OVERNMENTIO					
		+				_			+	m. DATE	b. NO. 0	FMEALS	# D/	ME	6. NO. OF MEALS
		+				-	_		+		+		+		+
		+				-	_		+		+		-		-
20.s. C	LAIMA	NT SIGNATUR	E			-	_	l .			1				5 DATE
***	••••	•••••	•••••	 FORM 	MUST	BE SIG	NED	AND D.	ATED '	•••••	•••••	•••••	•••••	••	MMDDYYY
* M	UST:	PRINT NA	ME OF		VER *		HAV		ATURE	OF REVI	EWER		0-000-00		MMDDYYY
21.0.7	PPROV	ING OFFICIAL	S PRINTED	NAME		5. SIGNA	TURE	ONLY	OMICE	DTABLE	ATMS		PHONE NUMB		d DATE
REC	UIR.	ED ONLY	ON CER	CTAIN C	LAIM	requ	IKED	ONLI	ON CE.	RTAIN CL.	ALIMI S	61	4-693-00	000	MMDDYYY
ÄĞ	NCY	USE ON	LY												
23. CC	LLECT	ION DATA													
AG	ENCY	USE ON	LY												
	MPUTE		S. AUDITED			EL ORDER		BY		ayee Signature a	nd Date or C	heck Na.)		28. AJ	MOUNT PAID
			AGENC		AC	ENCY	USE	AGE	NCY U	SE					
DD F	ORM	/ 1351-2,	MAR 20	008			PR	EVIOUS EI NTIL SUPF	OITION M PLY IS EX	AY BE USED HAUSTED.			eset	12 appro	ved by GSA/IRMS 12-91. Adobe Designer 7.0

Instructions for completing a DD Form 1351-2 for Movement & Storage of Household Goods (HHG)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure *** Please ensure your current address is provided with each claim submission. *** Blocks 12 through 17: Do not require completion with the Household Goods (HHG)

Block 18: Reimbursable Expenses:

- a: List the date the HHG were moved / shipped.
- b: List "House Hold Good Move"; on subsequent lines you can detail expenses.
- c: List the amount being claimed for each expense listed in (b.).
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

		VEL VO						penoli.	f more s	pace lo	needed,	, oontinu	in rem	arks.			k before DO NOT use
1. PAYI		c Fund	SPLIT DIS	BURSEME based charge	NT: The P	'aying Office portation, lo	e will pay dging, an	directly to the directal car if	Covernme you are a	ert Trav	el Charge (imployee, s	Card (GTC) unless you	() contrac	for the portio levent amount	n of your t. Military	reimbu persor	mement melare required
X Tr	nsfer	(EFT)	to designate	a payment t	rat equals t	he total of t	neir outst	inding govern	orders trave	d card b	elance to th	te GTCC o	ontrector.				
	•	by Check Ind. Middle in		the followin	g amount	of this rei	mbursen 3. GRA		y 10 the G	ovemn	nent Trav	el Charge			•	0.00	M-1
			ina) printer	()(De)				S-7		000 0	00-0000			OF PAYME	NI JA ME	, .	
Doe, J		NI. NUMBER A						13-7	c STATE		ZP COOL			DY			e/Employee
		TREET	NDSINEEL		B. CITY	COLU	MDIIS		OH		432		^	cs		Other	
			DI TO CAY	om rear	C APAG		мьо	,	On		732	10		ependent(s)		BLA	
e. E-MAIL			BLIC.SAL			T.MILL UTHORIZA	******	9. PREVIO	UE COURT		TRAVMEN			NOUCHER			
AREA	ÇDÖE.	-555-555	S S	MILLER	•	D form		ADVAN	CES	KHMEN	PRINCE	1131	2.00	, vouches	MUMBE	n.	
11 000		10N AND ST		Dioca .	23 01 151	D TOTAL	1014			0.00			L 211	BVOUCHER			
III. ORG			ency Nan	ne & Loc	ation								B. 50	BVOCCIER	NCW DEL	•	
12 0000	ureu.	T(S) (X and co						13. DEPEN	DENTS' AT	DORES	S ON RECE	EIPT OF	c. PA	DBY			
	COMP				CCOMPAN	ern.		123 OL									
		of, First, Mid:	Se Antheil	b. RELATI		E DATE OF OR MARK	витн	DAVE									
				2 112211	-	OR MAR	MAGE	D.1.1.	· · ·	,	22001						
					_												
								14. HAVE H	GUSEROL	0600	OS BEEN	SHIPPEOT	d. COM	PUTATIONS			
<u> </u>					_			X YES		T NO 4	inglein in R	(eccurio)					
15. ITINE	RARY								. d.		-		_				
a. DATE 2009		b. PLAC	E (Home, Of	ice, Base, Ac		and State		MEANS/ MODE OF TRAVEL	REASON FOR		OGING OST	PÖC	_				
	DEP	POCKI	SLAND			V CTAT	TOND	HOAVEL	STOP				_				
06/13	ARR		IBUS. O										_				
00/14	DEP	COLUM	1BU3, U	H (NEW	DUII	SIAII	ON)			1							
	ARR	_								-							
	DEP	SELF M	OVE OF	HOUSI	EHOLD	GOOD)S			1							
	Altit																
	DEP	SEE BE	LOW							1							
	ARR																
	DEP									1							
	ARRE									-							
	DEP									1			e. SUM	MARY OF P	AYMENT		
	ARRE												(1) Per	Diem			
	DEP									1			(2) Acts	al Esperae /	Howanos	-	
	ARR												(3) Mile	age.			
16. POC	FRAVE	L (X one)	OWN	OPERATE		PA	SSENGE	R	17. 0	URATIO	ON OF TRA	WEL	(4) Dep	endeni Trave	4	\neg	
16. REIM	BURSA	BLE EXPEN	SES							Ī			(5) DLA				
a. DA	E	ь	NATURE OF	EXPENSE		c.AMO	UNT	d. ALLOW	ED	12 HC	DURS OR L	LESS	(S) Reb	nbursable Es	perses		
		SELF M	OVE OF	7						1			(7) Tota	d			0.00
		HOUSE								BUT	E THAN 12 14 HOURS	ORLESS	(B) Les	Advance			
06/05	09	RENTA	L TRUC	K		8	75.00			1	E THAN 24	. Security	(9) Ami	ourt Owed			
06/05	09	BOXES	& BUBI	BLE WR	AP	(69.00			work	. man 24	Houris	(10) Am	ount Due			
06/13	09	RENTA	L TRUC	K GAS		:	52.00]		19.0	OVER	NMENTIDE	DUCTIBLE	MEALS				
06/14	09	RENTA	L TRUC	K GAS		(63.00			#. DA	ΙE	6. NO. 0	FMEALS	x .	DATE	ь	NO. OF MEALS
		WEIGH					3.50		1								
		WEIGH					3.50		\perp								
		1ST 30 I		TORAG	E	12	20.00									_	
20.a. CL/	MANT	BIGNATURI	•••••	• FORM	MILET	DE SI	MED	AND D	ATED	••••					•••		DATE
e REVE	WERS	PRINTED NA		FORM	MUSI	d REVE			AIED				a TEU	PHONE NU	VIBER		MMDDYYY
		RINT NA		REVIEW	VER. *			E SIGN	ATURE	OF	REVIE	WER	_	00-000-0		M	MDDYYY
21.a. APE	ROVIN	G OFFICIAL	S PRINTED	NAME		5. SIGNA	ATURE						c TELI	PHONE NU	VBER		DATE
REQU	IRE.	D ONLY	ON CER	RTAIN C	LAIM	REQU	IRED	ONLY	ON CE	RTAI	IN CLA	IMS	6	14-693-0	0000	1	MMDDYYY
REQUIRED ONLY ON CERTAIN CLAIMS REQUIRED ONL 22 ACCOUNTING CLASSIFICATION AGENCY USE ONLY																	
23. COLL	ECTIO	N DATA															
AGENCY USE ONLY																	
24. COM			S. AUDITED		26. TRAV	EL ORDER	BOSTER	27. RE	CEIVED (P	byee Si	gnature en	d Date or C	heck Na.)		28.	AMDU	INT PAID
AGE			AGENC		AC	ENCY			NCY U								
DD FO	RM	1351-2,	MAR 20	800			PR	EVIOUS EI NTIL SUPF	LY IS EX	HAUS HAUS	USED TED.			eption to SF eset	1012 app	noved t	sydSA/IRMS 12-91. Adobe Designer 7.0

Instructions for completing a DD Form 1351-2 for Temporary Quarters Subsistence Expense (TOSE)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the Temporary Quarters Subsistence Expense Block 18: Reimbursable Expenses:

- a: List the date TQSE period being claimed began and / or ended
- b: List "TQSE"
- c: List the amount being claimed for TQSE.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

	TR	AVEL V	DUC	HER	OR SU	BVOU	CHER		complet	ing fo	m.	Statement, Per Use typewrite ace is needed,	r, link, or	bali poli	ntpen.PRE	ions o	on baok b ARD. DO	NOT use
	YMEN		8PL	T DISI	BURSEME	NT: The l	laying Office	wil pay	directly to th	Gove	100	nt Travel Charge (Mian employee,	Card (GTC)) cortrac	or the portion	of your	reimburser	nent
		nic Fund er (EFT)										card balance to t					, ,	
		nt by Check	\Box	Payt	he followin	g amount	of this rei	mburser	ment direct	y to th	e Go	wemment Trav	el Charge	Card co	ntractor.	\$	0.00	
Z. NAJ	ME (Las	d, Fired, Middle	India) (Vint or I	(ype)			3. GRA	DE	4, 55	N			5. TYPE	OF PAYMEN	T (X) ax	applicable)	
Doe	, Joh	nΜ.						(3S-7	l	0	000-00-000)	п	ijΥ		Member/E	mpbyee
6. ADI	ORESS.	a. NUMBER	AND ST	REET		5. CITY				c. 51	ATE	6.2F C00	E	x	cs	\vdash	Other	
123	NEW	STREET					COLU	MBU	S	Ιc	Н	432	16		ependent(s)	\vdash	DLA	
a Pak	IEII ED	DRESS PO	TRUTC	SAN	(PLE@U	SARM	V MII.							^	1 D.O. USE O	NI V		
		ELEPHONE !			***		UTHORIZA	TICN	a poevio	us co	UFD	NMENT PAYMEN	ITRI		VOUCHER !			
AR	EA COC	5-555-55			100000000000000000000000000000000000000	•	D form		ADVAN									
					DIUCE 2	5 OI D.	D IOIM	1014			(0.00						
11.0	RGANIZ	ATION AND 5			e & Loc	ation								B. SU	SVOUCHER N	LMBLI		
			ency	14011	e at Lot	atton												
12. DE	PEND	NT(S) (X and	completi	e an epp					123 OL			ORESS ON RECI <u>In Co</u> de)	EPTOF	e. PA	DBY			
×	ACCO	VPANED				CCOMPAS			123 OL	DS.	RE	ET						
	NAME	(Last, First, M	ddle /mh	1 .5	6 RELATE	ONSHIP	CIT MARS	BIRTH	DAVE	NPO!	RT,	IA 52801						
Doe	. Suz	ie Q.			Wif	e	0507	01]									
Doe	, Sall	y			Daugh	iter	0810	31	1									
										OUSE	HOLE	GOODS BEEN	SHIPPEOT	d. COM	PUTATIONS			
\vdash				\rightarrow		\rightarrow			(X one) YES	Г	\neg	NO (Explain in 6	(eccurio)	\vdash				
15, 171	NERAR	lY .							E.	-	\dashv			-				
a. DA	IE.		VCE (Hor		ce, Hess, Ac		and State		MEANS/ MODE OF	REAS		LOOGING	PÖC					
200				_	nd County,				TRAVEL	STO		cost	MILES	ļ				
6/2	DE	P Colum	bus .C	<u>)H T</u>	'QSE Ac	tual Ex	pense				4							
	AR	R																
DEP																		
	All	R									\neg							
	DE	p																
	All										\neg			 				
	DE	_									-			├				
_	_	_						-			\dashv			-				
	Alt	-									_			├				
	DE	Р									_							
	Alt	R									\Box							
	DE	Р												e. SUM	MARY OF PA	YMENT		
	Alt	R									╗			(1) Per	Diam			
	DE	P												(2) Acts	al Esperae Al	ceano		_
	All	п									\neg			CD Mile	EQN.			_
18 00	OC TOA	VEL (X one)	П	COMMUNIC	PERATE		104	SSENGE	17	Π,	7 11	RATION OF TRA	NP1	(4) Dep	endent Travel		\dashv	-
-		SABLE EXPE			- LINAIL					Н,	T			(5) DLA			_	
		SAUCE CAPE							d.ALLOW	_		12 HOURS OR I	LESS				-	
_	DATE				EXPENSE		c.AMO	UNT	B. ALLOW		-				rbursable Esp	arosa.	_	
6/2	2/09	TOSE	ACTU	JAL	EXPEN	SES	4,1	16.45		_		MORE THAN 12 BUT 24 HOURS	Hours	(7) Tota			—	0.00
										$-\bot$	_	BUT 24 HOURS	ORLESS	(B) Less	Advence			
		DD FO	RM 2	2912.	Attached	i					7	MORE THAN 24	ноше	(9) Amo	urt Owed			
		T					I					MORE HISTORY		(10) Am	ount Due			
											9. G	OVERNMENT/DE	DUCTIBLE	MEALS				
		1					1			-†		 DATE 	5. NO. 0	F MEALS	a 0	ATE	b. N	O. OF MEALS
		1					1	_	i	-†								
		+					†	_		+					1		_	
		+					+			-+			<u> </u>		+		_	
20.=.4	CLAINA	NT SIGNATU	RE														5.04	ATE.
				****	FORM	MUST	BE SIG	NED	AND D	ATE	D •	*******	•••••	****	••••••	••	I	IDDYYY
		ES PRINTED			10101	20001			ONATURE.		_			. TELI	PHONE NUM	BER	1 DA	
		PRINT N		OF I	REVIEW	VER *				ATU	RE	OF REVIE	WER.		00-000-00		MM	DDYYY
		VING OFFICIA					5. SIGNA							_	PHONE NUM		d. 04	
ı						T ATAM	I neore		ONLY	ON (ER	RTAIN CLA	IMS		14-693-00			
REQUIRED ONLY ON CERTAIN CLAINER REQUIRED OF 22. ACCOUNTING CLASSIFICATION AGENCY USE ONLY														0	14-093-0	,00	MIN	IDDYYY
ÄĞ	ENC	Y USE O	VI.Y	n														
23. CC	DLLECT	ION DATA																
ı		Y USE O	πv															
						-	EL ORDER		1							1		
	FNC	YUSE	25. AUC		Y USE		SENCY		BY ACCE			yee Signature en CTC	a ware or C	week Wa)		28.	AMOUNT	PAID
						-A\	JENC1											
DD F	ORI	M 1351-2	, MA	R 20	08			PR	INTIL SUPP	LYIS	EX	NY BE USED HAUSTED.		_	eptonto SF 1 eset	u12 app		SAIRMS 12-91. be Designer 7.0

Instructions for completing a DD Form 1351-2 for Miscellaneous Expense Allowance (MEA)

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with the Miscellaneous Expense Allowance (I

Blocks 12 through 17: Do not require completion with the Miscellaneous Expense Allowance (MEA) Block 18: Reimbursable Expenses:

- a: List the date MEA is being claimed; date should be consistent with MEA Statement.
- b: List "MEA" or "Miscellaneous Expense Allowance". If claiming "Itemized MEA", then after that statement list each expense to be considered.
- c: List the amount being claimed for MEA:
 - (1) \$ 500 single
 - (2) \$1,000 family
- (3) When itemizing list each individual amount for each expense listed in (b.) above

Block 19: Does not apply to this Civilian Permanent Change of Station claim.

- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

	TRA	VEL VO		OR SU				pencil.	If mor	e spa	ace is needed,	, continue	e in rem	arks.		back before D. DO NOT use
1. PAYE	bear of	e Fund	SPLIT DIS	BURSEME travel charge	NT: The	Paying Office sportation, to the total of the	etil pay dging, an	directly to the	e Gove Hyou s	nmer e e ch	t Travel Charge (dian employee, o card belance to th	Card (GTC)) contract act a di	for the portion ferent amount.	of your ret Military po	rbursement reconsilists required
X Tri	ansfer yment	(EFT) by Check									vernment Trav			intractor:	\$ 0.	00
			van je (Paret er	(Agre)			3. GRA		4.55				S. TYPE	OF PAYMEN	TiXexag	ploable)
Doe, J							(3S-7	L.,		00-00-0000		\mathbf{H}	DY	\vdash	ember/Employee
		TREET	ND STREET		S. CITY	COLU	MBU		c 51	OH	432		• • •	CS.	\mathbf{H}	har
e C-MAII			BLICSA	MPLE@U	IS ARM		MIDO.		,	-	432	10		ependent(s) R.D.O. USE OF		Α
7. DAYT	ME TE	MANDON N	DEDUCE A	-		UNHORISA	TION			MERI	MENT PAYMEN	TEV		VOUCHER		
AREA	355	-555-555	5	Block 2	25 of D	D form	1614	ADVAN	eces.	- (0.00					
11. ORG	ANIZAT	NON AND ST		ne & Loc	ation								b. SU	SVOUCHER N	UMBER	
12. DEPE	NDEN	T(S) (X and c	omplete ex ep	spilosbie)				13. DEPEN	ADENTS	e Albi	RESS ON RECT	PTOF	e. PA	DBY		
X AC	COMP	ANED			CCOMPA			123 OI					1			
		ed, Fled, Mic	de (nitel)	b RELATI		· SATASI		DAVE	NPO	RT,	IA 52801					
Doe, S Doe, S		Ų.		Daugh		0507 0810										
Doe, o	, and y			Daugi	IIIEI	0010				MULLU	GOODS BEEN	SHIPPEUT	a cos	PUTATIONS		
								(X ane) YES		\neg	NO (Explain in R	(emerks)				
15. ITINE	RARY							MEANS	REAS	ON	•	t.				
2009				fice Base Ac and Country				MODE OF TRAVEL	700 510		COST	MLES				
6/2	DEP			е (от "I" i						\Box			L			
	ARR	MEA f	or self on	ly) have	discon	timued or	ur (or		╙	_			<u> </u>			
	ARR			nd have e			ence		-	\rightarrow			_			
	DEP	resident	id PDS a e at the	new PD!	estadus S."	nea a				\dashv			_			
	ARR									_						
	DEP															
	ARR															
	DEP									\Box						
├─	ARR									\dashv						
<u> </u>	ARR									\dashv			(I) Per	MARY OF PA	MENT	1
⊢	DEP									\dashv				al Espense Al	pwance	-
	ARR								\vdash	\dashv			(3) Mik			
16. POC	TRAVE	L(Xare)	OWN	OPERATE		PA	SSENGE	n	, I	7. DÚ	RATION OF TRA	WEL	(4) Dep	endert Travel		1
12. REIM	DURS	OLE EXPEN							\Box	\neg	12 HOURS OR I	ess	(5) DL/	l .		
a. DA			S. NATURE O	FEXPENSE		c AMDI		d. ALLOW	VED	_				nbursable Exp	ermen	0.00
6/2/0)9	MEA Miss F	4	llowance		1,00	00.00				MORE THAN 12 BUT 24 HOURS	HOURS	(7) Tota	a Advance		0.00
		MISC. E	хрешье и	LHOWALICE	<u> </u>	+			-+	\dashv				unt Owed		+
						+-			\dashv		MORE THAN 24	Hours	_	ourt Due		
										19. 00	WERNWENT/DE	DUCTIBLE	MEALS			
						1			1		m. DATE	b. NO.0	C MEALS	a. D	ATE	b. NO. OF MEALS
							_		-+							-
\vdash						+			\dashv					+		
		SIGNATUR				1	_									5 DATE
				• FORM	MUST				ATE	D *	•••••	•••••	•••••	•••••	••	MMDDYYY
		RINT N		REVIEW	VER •			SKATURE /E SIGN	ATT	RE	OF REVIE	WER		00-000-00		MMDDYYY
Z1.a. API	PROVE	IG OFFICIAL	'S PRINTED	NAME		b. SIGNA	ATURE						_	PHONE NUM		d DATE
REQU	IRE	D ONLY	ON CE	RTAIN C	LAIM	REQU	IRED	ONLY	ON (CER	TAIN CLA	IMS	6	14-693-00	000	MMDDYYY
ÄĞÊN	ey'	OSE SK	LY													
21. COLL	10110	N DATA														
AGEN	ICY	USE ON	LY													
24. COMPUTED BY 26. AUDITED BY 126. TRAVEL ORDERS 27. RECEIVED (Payer AUTHORIZATION POSTED BY												d Date or C	heck No.		21. A	MOUNTPAID
			AGENC		A(GENCY			NC							
DD FC	HM	1351-2,	MAR 2	800				INTIL SUP			Y BE USED HAUSTED.		_	eset	u12 appro-	Adobe Designer 7.0

Instructions for completing a DD Form 1351-2 for Real Estate / Unexpired Lease/ Relocation Services

Blocks 1 through 11: Are completed as with all previous vouchers in this brochure

*** Please ensure your current address is provided with each claim submission. ***

Blocks 12 through 17: Do not require completion with claims for Real Estate, Unexpired Lease, or Relocation Services

Block 18: Reimbursable Expenses:

- a: List the date of the closing or approval of the Real Estate, Unexpired Lease, or HMIP
- b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses", or "HMIP; Home Marketing Incentive Payment".
- c: List the total amount being claimed for the expense listed in (b.) above.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

Note: For Home Marketing Incentive Payments you are provided with an approved (signed by the authorizing/order-issuing official) source document with the computed payment for HMIP. Currently, an official DoD source document for payment of HMIP does not exist. The document submitted for payment may be a locally developed form, for attachment to the travel claim (DD Form 1351-2). Agencies may assign personnel to administer the HMIP process and paperwork. The form, at a minimum, must contain the following information:

- 1. Employee's name (last, first, middle initial)
- 2. Employee's social security number
- 3. Employee's present position, title, grade
- 4. Current organization
- 5. Current duty phone number
- 6. Detailed computation of the HMIP clearly showing how the approved amount was compared to the maximums per JTR, par. C15103, and determined to be the lesser of the following:
 - a. One to five percent of the price the relocation service company paid when it purchased the residence from the employee, to
 include the approved percentage (1% to 5%) and the price the relocation company paid or the buyout offer amount on the
 residence;
 - b. \$10,000
 - c. One half of the savings realized from the reduced fee/expenses paid as a result of the employee finding a bona fide buyer and the sale is closed, to include the percentages relative to the relocation company's service costs.
 Note: The Relocation Services Company must complete the amended sale transaction and submit the employee's real estate invoice for payment before the HMIP computation can be computed.
- 7. Authorizing/order-issuing official's signature
- 8. Traveler's signature

TRAVEL VOUCHER OR SUBVOUCHER								Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, link, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks.								
PAYMENT SPLIT DISBURSEMENT: The Paying Office will representing based charges for hamaportation, lodge to designate a payment that equals the total of their control of the contr							will pay dging, an	directly to the directal car if	Gover		t Travel Charge (vilan employee, u	and (GTC)	() contracts sect a diffe	r the portion rent amount.	of your re Military p	imburgement ersonnel are required
×	Transfer	(EFT)	to designate	a payment th	sal equals t	he total of th	etrouteb	anding govern	arrent t	avel (card balance to th	■ GTCC o	ontractor.			
		t by Check / inst, Middle in			gamoun	or this rei	3. GRA		y 10 the		vernment Trave	e Charge		DE PAYMEN	\$ 0	
_	John	'		1,500				3S-7		_	00-00-0000)	710			Aember/Employee
		. NUMBER A	ND STREET		B. CITY				c. 51.		d ZP COOL		X PC		\mathbf{H}	ither
123 1	NEW:	STREET				COLU	MBUS	S	c	Η	432	16		pendent(s)	Н.	ILA
e. D-M	AIL ADD	eess PU.	BLIC.SAN	MPLE@C	SARM	Y.MIL							10. FOR	D.O. USE OF	NLY.	
7. DAY	TIME TE	LEPHONE N	MBER &	8. TRAVEL	•			9. PREVIO		VER	NMENT PAYMEN	151	a. D.O.	VOUCHER N	NUMBER	
		-555-555		Block 2	25 of DI	D form 1	1614			(0.00					
11. 08	IGANIZA	TION AND ST. A ov	апон епсу Nan	na & Lor	ation								b. sue	VOUCHER N	UMBER	
					ution			13 DEDEN	DENTS		DRESS ON RECE	IPT OF	c PAD	HV		
	ACCOM	T(S) (X and co	mplete as ep		CCOMPAN			123 OL								
		ast, First, Mid:	Se /m/ie/i	b RELATE		E DATE OF OR MARK	вистн	ı			IA 52801					
	Suzie			Wif		0507		2		٠.,	21 32001					
	Sally			Daugh	_	0810										
				2000				14. HAVE H	BUSER	OLD	GOODS BEEN	HIPPEOT	d. COM	UTATIONS		
					\rightarrow			X YES	Г	\neg	NO (Explain in R	eccerks)				
15. ITI a. DA	NERARY							MEANS	REAS		LOOGING	Poc				
200		B. PLAC	E Prome, Of City	toe, Herre, Ac and Country,		and State		TRAVEL	STO		cost	MILES				
	DEP									\perp						
	ARR	1								_						
	DEP	-								4						
	ARR	1								_						
	DEP	-								\dashv						
	DEP	1								\dashv						
	ARR	+								\dashv			-			
	DEP	ł								\dashv			 			
	ARR	 					-			-						
	DEP	1											e. SUMM	IARY OF PAY	MENT	
	ARR	†								\neg			(1) Per 0	len Ti		T
	DEP	1											(2) Actua	l Esperae Al	evance	
	ARR									\neg			(3) Miles	ga.		
16. PC	C TRAVI	L (X one)	OWN	OPERATE		PA	SSENGE	R	11	r. DU	RATION OF TRA	VEL	(4) Depe	ndent Travel		
16. RE	IMBURS	ABLE EXPEN	5E5						_		12 HOURS OR L	ess	(5) DLA			
m .1	IATE	ь	NATURE OF	FEXPENSE		c.AMO	UNT	d.ALLOW	LD	4			_	bureable Exp	a Production	
09/0	2/09		F RESIL			61,91	6.20				MORE THAN 12	HOURS	(7) Total			0.00
			DUTY			-			+	-	BUT 24 HOURS	UKLESS	(B) Less			
		וטיז עע	RM 1705	ATTAC	RED	-			\dashv		MORE THAN 24	Hours	(II) Amo. (III) Amo			
		 							- ,	9. GO	OVERNMENTIDE	DUCTIBLE				1
		†				<u> </u>	-		-+		m. DATE		FMEALS	a D	ATE	6. NO. OF MEALS
		İ					_		\top							
									1							
									I							
		TSIGNATUR		• FORM	MILET	DE CIA	NED	AND	A TE		•••••		•••••	•••••	••	A CAMP DAVING
_		S PRINTED N		· FORM	MUSI			AND D.	AIL	_			a TELES	HONE NUM	BEIR	MMDDYYY
		RINT NA		REVIEW	VER. *				ATU	RE	OF REVIE	WER.		0-000-00		MMDDYYY
21.0.7	PPROVI	NG OFFICIAL	S PRINTED	NAME		5. SIGNA	TURE						e TELU	HONE NUM	BER	d. DATE
REQ	UIRE	D ONLY	ON CER	RTAIN C	LAIM	KEQU	IKED	ONLY	ON C	EK	TAIN CLA	IMS	61	4-693-00	000	MMDDYYY
22. AC	COUNTR	USE ON	CATION													
23. CC	S. COLLECTION DATA															
AG	ENCY	USE ON	LY													
	ENICY		A GENIC		AUTHO	EL ORDER	rieee Tieee	BY			yee Signature and	Date or C	heck No.)		28. A	MOUNT PAID
		1351-2,	AGENC MAR 20		AC	ENCI					Y BE USED AAUSTED.		Esce	ption to SF 10	012 appro	wed by GSA/RMS 12-91.
							U	NTILSUPF	LY IS	EXH	WUSTED.		Re	set		Adobe Designer 7.0

	TRA	VEL VO	UCHER	OR SU	BVOU	CHER		Read Pr complet pencil.	tvacy ing fo if mor	Aat : rm. e sp:	Statement, Pe Use typewrite ace is needed	naity 8ta r, ink, or , oontinu	tement, a ball point e in rema	nd instruct pen. PRE rks.	ions on 88 HAF	back before ID. DO NOT use	
1. PAY		c Fund	SPLIT DIS	BURSEME travel charge	NT: The Pearle	aying Office portation, lo	e will pay dging, an	directly to the	e Gove		t Travel Charge vilan employee,	Card (GTC unless you	C) contracto elect a diffe	r the portion rent amount.	of your re Military p	imburgament ersonnel are required	
X TR	nsfer	(EFT)	to designate	a payment t	tel equals i	he total of t	et outst	anding gover	nment t	TRAVE	card balance to t	he GTCC o	ontractor.		_		
	•	by Check			g amount	or this rei	3. GRA		y 10 th		vernment Trav	ei Charge		DE PAYMEN	\$ <u>0</u>		
Doe, J	ohn	M.						3S-7		0	000-00-000		10		_	ferbe/Empbyee	
1		NUMBER A	ND STREET		B. CITY	COLU	MDIII		c. 51	H	432 432		X PC		\mathbf{H}	Other	
		ESS PU	DI TO CAT	VIDIT TOTAL	CAPAG		мьо	,	_	л	432	10	~	pendent(s)		ILA	
7. DAYTI	VE TE	LEPHONE NI		8. TRAVEL			TION	9. PREVIO	US GO	VER	NMENT PAYMEN	NTS!		VOUCHER I			
AREA	COOL	-555-555		100000000000000000000000000000000000000	5 of DI			ADVAN	CES		0.00						
11. ORG/	MZA	NON AND ST	атюн епсу Nan	ne & Loc	ation	0.00					0.00		6. SUBVOUCHER NUMBER				
12. DEPE	NDEN	T(5) (X and o	emplete as ep	přeble)							DRESS ON REC	EIPT OF	c PAID	BY			
X AC	COMP	ANED		UNA	CCOMPAN	ED		123 OL	D'S	Řέ	ET						
a. N/	OVE (C	est, First, Mid:	de India)	b. RELATI	ONSHIP	OR MAR	BIRTH	DAVE	NPO	RT,	IA 52801						
Doe, S	uzie	Q.		Wif		0507		1									
Doe, S	ally			Daugh	iter	0810	31	1									
								(X one)	HOUSE	HOLD	GOODS BEEN	SHIPPEOT	d. COMP	UTATIONS			
								X YES		\Box	NO (Explain in F	(eccurks)					
15. ITINE a. DATE	RARY	b 19 44	E Prome, Or		to the Char	and Window		MEANS	REAS		LODGING	Pôc					
2009		0.70		and County		THE STATE		MODE OF TRAVEL	STO		cost	MILES					
	DEP									_							
	ARR									_			└				
	DEP									_							
	ARR									_							
	DEP									-							
	ARR									\dashv							
	DEP									-							
	ARR									_			ļ				
	DEP									-			-				
	Altit									\dashv							
	DEP									_			_	IARY OF PA	MENT		
	ARR									_			(1) Per D				
	DEP								_	-			-	I Esperae Al	ewance.		
	ARR					I I			Ц.			<u> </u>	(3) Minu	ge ndent Travel			
		L (X one) ABLE EXPEN		OPERATE		PA	SSENGE	ж		7.00	RATION OF TRA	AVEL	(5) DLA	noem mayer			
s. DA								d ALLOW			12 HOURS OR I	LESS		bureable Esp			
			NATURE O			c.AWO		U.A.1011	-	\dashv			(7) Total			0.00	
09/02	09		ASE OF V DUTY			0,8	58.95		\dashv		MORE THAN 12 BUT 24 HOURS	HOURS	(B) Less	Advance		0.00	
			RM 1705			-			-+	\dashv			(3) Arrou			+	
		DD FOI	LMI 1703	ATTAC	IILD	-			\dashv		MORE THAN 24	Hours	(10) Amor			+	
_						 	_		_	19. G	OVERNMENTIDE	EDUCTIBLE					
		-				1	-		$^{+}$		a. DATE	6. NO. 0	FMEALS	a D	ATE	b. NO. OF MEALS	
						1			$^{+}$								
						t										1	
									$^{+}$							1	
		SIGNATUR				•			_							5.DATE	
		*****		• FORM	MUST				ATE	D •	*******	•••••	*****	•••••	••	MMDDYYY	
* MU	ST P	RINT NA	AME OF		VER *	MUST	THAV	TE SIGN	ATU	RE	OF REVIE	WER	00	0-000-00	000	MMDDYYY	
		NG OFFICIAL				5. SIGN		ONTE	0017	מידי	TABLEL	TMC	e TELEF	HONE NUM	BER	d. DATE	
_		D ONLY		RTAIN C	LAIM	KEQU	IKED	ONLI	ON	.EK	TAIN CLA	шиз	61	4-693-00	000	MMDDYYY	
AGEN	ICY	USE ON	LY														
23. COLL																	
AGEN 24. COM		USE ON		HV.	28. NO. 10	EL ORDER	,	32.00	China	D. etc.	una Dienatire	el Plede "	Shoot Bir-1		130.0	MOUNT PAID	
AGE			AGENC		A11271425	ENCY	DOMESTIC: N	BY	NCY		yee Signature an SE	L DEFOTO	ecx maj		48.7	MOUNT PAID	
DD FO	RM	1351-2,	MAR 20	008			PR	EVIOUS E INTIL SUPI	DITTO PLY IS	EXI	Y BE USED HAUSTED.			ptonto SF 1	012 appro	rved by GSA/IRMS 12-91 Adobe Designer 7.0	

	TR	AVEL VO	UCHER	OR SU	BVOU	CHER		Read Pr complet penoil.	tvacy Acting form	t State . Use page I	ment, Per typewrite s needed,	naity Stat r, ink, or oontinue	ement, ball po In ren	and inc int pen. rarks.	ruotion PRE88	E ON HAR	back before D. DO NOT use
1. P/		T nic Fund er (EFT)	representing	BURSEME travel charge a payment t	es for trains	portetion, lo	dging, an	d restal car (you are a	CIVE BIT	employee, s	unikasa you e			rtion of yo ount. Will	tery p	mbursement ersonnel are required
		nt by Check	Pay	the followin	ig amount	of this rei			y to the G	ovemi	ment Trave	el Charge	Card o	ontractor	: 4	<u>. 0</u>	.00
Z. NA	ME (Las	, First, Middle I	ntial) (Final c	rigoej			3. GRA		4. 55N				S. TYP	E OF PAY	MENT (X	W. 15	pi'ceble)
	, Fred						G	S-11			00-0000		¹	UY		N	lember/Employee
		a. NUMBER A			B. CITY	cnor"	-non	_	e STATE		420 420		×	cs	L	_	ther
		R STREE				GROVE	EPOK	T	ОН		432	30	×	Rependent	(10)		LA
		mess PU												R 0.0. U			
7. 00	EA COO			a. TRAVEL	•	D form 1		9. PREVIO	CES GOVE	RNMEN	IT PAYMEN	1151	a. D.	D. VOUCH	ER NUM	BER	
		5-555-555		Block .	23 OI DI	D TOIM	1014			0.00	1						
11.0	RGANIZ	ATION AND ST A po		ne & Loc	ation								B. St	BYOUCH	ERNUME	BEIK	
								13 DEDEN	DENTS: A	nnoes	S ON RECE	EIRT OF	- 114	DBY			
12. 0		NT(S) (X and o	omplete as eg	<u> </u>				402.00	D'STR	CE SP	de)						
\vdash		PANED			CCOMPAN	E DATE OF	витн	1									
.	NAME	Last, First, Mid	Se/MAR)	6 RELATI	ONSHIP !	OR MAR	MAGE	DAVE	NPORT	, "Д	32801						
<u> </u>																	
⊢								14. HAVE F	BUSEHOU	DGCC	OS SEEN	SELEMENT	4.00	MPUTATIO	WIE.		
⊢					_			(X one)		T was	Explain in R		-				
15, 17	INERAR	Y							-	 			_				
a. 04 200		b. PLAC		Tce, Hene, As		and State		MEANS/ MODE OF TRAVEL	REASON FOR		COST	PÖC MILES	_				
200	00		Lity	and Country	etc/			HOAVEL	STOP				_				
	AU	+											_				
_	DEI	-								1							
_	Alti									-			_				
	DEI	-								1			_				
	ARI									-							
	DEI	-								1			_				
	ARI	t															
	DEI									1							
	AH	t								-							
	DEI									1			e. SUI	MARY O	PAYME	NT	
	Alti	ŧ											(1) Pe	Diem			
	DEI									1			(2) Act	ual Expen	se Albert	ne	
	AH	E .											(2) Mi	nage.			
15. P	DC TRAI	VEL (X one)	OWN	OPERATE		PA	SSENGE	R	17.0	URAT	ON OF TRA	WEL	(4) De	pendent Tr	avel.		
18. R	EIMBUR	SABLE EXPEN	SES							Ī.,,	OURS OR L	nee	(5) OL	A			
*	DATE	i i	NATURE O	FEXPENSE		c.AMO	UNT	d. ALLOW	ED	J "-"	out out		(S) Re	imburnable	Esperae	•	
11/	30/09					10,00	00.00			MOR	E THAN 12	Hours	(f) To	al .			0.00
			ched doc							BUT	24 HOURS	ORLESS	(8) Les	u Advance	•		
		DD for	n 1614 w	ith all					_	MOII	E THAN 24	Hours		ount Owe	4		
		ammeno	iments						_					nount Due			
				pproved :	HMIP	1			19.0		NMENTIDE						
			t worksh		•	-	_		+	a. D	RIE.	6. NO. O	r MEAL	2	a DATE		b. NO. OF MEALS
		(Employ	yee & ag	ency com	iplete	+		-	+					+			-
		unis 1011	n or som	e form of	III.J	-			+					-			-
20.0	CLAINA	NT SIGNATUR															6 DATE
		******		• FORM	MUST	BE SIG	NED	AND D	ATED	••••	*****	•••••	••••	****	•••••		MMDDYYY
		IS PRINTED N				d. REVE	WERSK	GNATURE					e. TEI	EPHONE	NUMBER	l l	COATE
		PRINT NA			VER. *			E SIGN	ATURI	E OF	REVIE	WER.		000-000			MMDDYYY
21.8.	APPROV	ANG OFFICIAL	'S PRINTED	NAME		B SIGNA	TURE	ONLY	ONICE	DTA	DICT A	TMC		EPHONE			d. DATE
RE(QUIR.	ED ONLY	ON CE	RTAIN C	LAIN	KEQU	IKED	UNLI	ON CE	KIA	IN CLA	шмъ	_	514-693	3-0000)	MMDDYYY
ÄĞ	ENCY	USE ON	LY														
23. C	DLLECT	ION DATA															
AG	ENCY	USE ON	LY														
24. C	OMPUTE	DBY 2	S. AUDITED			EL ORDER		27. RE			ignature en	d Date or C	heck No)		28. A	MOUNT PAID
			AGENC		AC	ENCY			NCYU								
DD	FORM	/ 1351-2,	MAR 2	008			PR	EVIOUS E INTIL SUPI	DITION M PLY IS EX	HAUS	USED TED.			ception to Ceset	SF 10121	appro	ved by GSA/RMS 12-91 Adobe Designer 7.0

Instructions for completing a DD Form 1351-2 for Relocation Income Tax Allowance (RITA)

Blocks 1 through 11 - Are completed as with all previous vouchers in this brochure *** Please ensure your current address is provided with each claim submission. ***

Blocks 13 through 17 - Do not require completion with the RITA Claim

Block 18: Reimbursable Expenses:

- a: List the date your are filing the Relocation Income Tax Allowance (RITA).
- b: Depending on the claim list "Real Estate Sale", Real Estate Purchase", Unexpired Lease Expenses," or "HMIP; Home Marketing Incentive Payment."
- c: List the total amount being claimed for the expense listed in (b.) above.
- Block 19: Does not apply to this Civilian Permanent Change of Station claim.
- Block 20: Claimant Signature and Date: (a & b): Physical signature of traveler and date the voucher was signed. Both must be complete. The member signs all PCS claims.
- Block 20: Supervisor/Reviewer and Date: (c & d): Supervisory Chain of Command signature. All parts (20c, 20d, 20e, & 20f) must be completed. Check with your order issuing agency in case your claim is to be forwarded for review before submission to DFAS Columbus.
- Block 21: (If applicable) Handwritten name and signature of approving officer if authorizing expenses not listed on original order.

Note: Approving officer must list additional expenses authorized in block 29 and must include date signed in Block 21a.

Block 22: Leave Blank - Finance Office use only.

Blocks 23-28: Leave Blank - Finance Office use only.

Block 29: Used to clarify anything out of the ordinary, such as:

- Indicate any and all leave periods during TDY.
- Clarify any additional travel-related issues.
- Reflect exchange rates when working with foreign currency.
- List/explain any additional expense authorized after the Fact by the AO.

Note: The RIT allowance is authorized to reimburse you for substantially all of the additional Federal, State, and Local income taxes incurred as a result of the additional PCS travel entitlements. You are eligible for this allowance if you were transferred on or after November 14, 1983, in the interest of the government from one official station to another for permanent duty. Employees that are not eligible for this allowance include:

- 1. New appointees
- 2. Employees assigned under the Government Employees Training Act
- 3. Employees returning from overseas assignments for purpose of separation

	TRA	VEL VO	UCHER	OR SU	BVOU	CHER		oomple	ling form	1. UG	stement, Per se typewrite e is needed,	r, inik, or	ball p	olnt i	pen. PRE	ions (88 H	on bi ARD	ook before DO NOT use
X Tr	ctroni nsfer	c Fund (EFT)	to designate	a payment t	tel equals t	he total of t	heir outst	anding gover	ment tra	el car	d balance to t	te G1CC o	ontrad	or.				surgement connel are required
$\overline{}$		by Check	Pay		g amount	of this rel	mburser 3. GRA		y to the (Sower	mment Trav	el Charge			ractor: F PAYMENT		0.0	
Doe. I			nna) y mrc	(Street				S-11	· son	000	0-00-0000		2. 11	Troy		JA 40	٠	
		. NUMBER A	NIVETOLET		5. CITY			J-11	c STAT		Ta zp coo			1		<u> </u>	4	be/Employee
		STREET				GROV	EPOR						×	PCS	enderd(s)	⊢	OLA	
e. E-MAIL			BLIC.S.A.	MDI FRAT			LIOI		0.	_	132	-	×		LO. USE OR		-	•
		LEPHONE N		-	ORDERWA		TION	9. PREVIOUS GOVERNMENT PAYMENTS!							ADUCHER N		ж	
AREA	555	-555-555	5	1011101111	5 of DI			ADVAN	CES									
11. ORG/		ION AND ST						1		0.0	00		ь.	SUBV	OUCHER N	UMBEI	R	
		Ag	ency Nan	ne & Loc	ation													
12. DEPE	NDEN	T(S) (X and o	omplete as ep	přesbie)				13. DEPEN	DENTS' A	OOR	ESS ON RECI	EIPT OF	E. I	PAIDE	BY			
AC	COMP	ANED		UNA	CCOMPAN	ED		49781	DST	ÉÉ	T T							
#. N/	WE (L	ed, First, Mid	de /mha)	6 RELAT	ONSHIP	CR MAR	BIRTH	DAVE	NPOR:	Γ, Ι/	A 52801							
								1										
								1										
								14. HAVE I	HOUSEHO	LDG	COUS BEEN	SHIPPEOT	d. O	OMPL	ITATIONS			
					\rightarrow			X YES		No.) (Explain in 6	(eccurks)	\vdash					
15. ITINE	RARY							MEANS/	REASON	1	LOGGING		_					
2009	l	b. PLAC	City (City)	fice, Base, As and Country,		and State		MODE OF TRAVEL	FOR	Ή	COST	PÖC	_					
	DEP								2.0	T			 					
	ARR									\top								
	DEP									1								
	ARRE									Т								
	DEP																	
	ARRE									Т								
	DEP									1								
	ARRE									Т								
	DEP																	
	ARR																	
	DEP												•. 5	UMMA	URY OF PAY	MENT		
	ARR									Г			(1) 1	Wer Dis	TT.			
	DEP												(2) A	ctual	Esperae Ali	enno	•	
	ARR												(21) N	Kup	•			
16. PDC	TRAVE	L (X one)	OWN	OPERATE		PA	SSENGI	ER	17.	DURA	TION OF TRU	WEL			dent Travel		\Box	
18. REIM	BURSA	BLE EXPEN	SES							1,2	HOURS OR I	LESS	(5) (ILA				
a. DA	TE.	t	NATURE O	FEXPENSE		c.AMO	UNT	d. ALLOW	ED.						uraable Espe	TO BE	_	
3/08/2	009	2008 RI							_	w	ORE THAN 12 JT 24 HOURS	Hours	(7)	otal			_	0.00
		_	ched doc						\perp	50.	JT 24 HOURS	ORLESS			dvance		_	
			n 1614 w	ith all					_	w	ORE THAN 24	Hours			t Owed		_	
		ammeno				-			_	\perp					d Due			
		_	RIT Statt		caion	-			19.		ERNMENTIDE			_				h 100 mm 200 mm
			ong with			-			-+	•	DATE	5. NO. 0	I MEA	25	# D/	AILE	_	B. NO. OF MEALS
		intorma	tion requ	шеа.		-		-	+					-			-	
								-	-+					-			-	
20.a. CL4	WAN	SIGNATUR	E											_			-	b DATE
			•••••	• FORM	MUST	BE SIG	GNED	AND D	ATED	•••	******	•••••	••••	***	*****	••	İ	MMDDYYY
		PRINTED N						GNATURE					•. TI	LLEP	HONE NUM	SER	\neg	CDATE
			AME OF		VER. *			Æ SIGN	ATUR	ΕO	F REVIE	WER.)-000-00			MMDDYYY
PROTUPED ONLY ON CEPTAIN CLAIMS REQUIRED					ONTY	ONICE	ידים	ATM OT A	TMC	c Ti		ONE NUM			d. DATE			
REQUIRED ONET ON CERTAIN CEALS.						ONLI	ON CE	KI.	AIN CLA	шмъ		614	1-693-00	000		MMDDYYY		
AGEN	AGENCY USE ONLY																	
23. COLL		N DATA USE ON	LY															
24. COM			S. AUDITED	BY		EL ORBER		27. RE	CEIVED	Payee	Signature en	d Date or C	heck N	la.)		28	. AMC	OUNT PAID
AGE	NCY	USE	AGENC	Y USE	AUTHO	ENCY	USE	O BY	NCY									
DD FO	RM	1351-2,	MAR 20	008			PR	EVIOUS E	DITION I PLY IS E	XHA	BE USED USTED.			Res		112 app	prove	d byGSA/IRMS 12-91 Adobe Designer 7.0

Civilian Permanent Change of Station (PCS) Travel Pay - Supplementals

- Q. What do I do when I feel I have been paid in error?
- A. When it is suspected that an error and/or omission has been made in the payment of a travel voucher, please get with your Defense Military Pay Office (DMPO) as the starting point to resolve any questions on your voucher.
- Q. What do I do when an error or omission has occurred?
- A. When an error or omission has occurred, submit a supplemental claim back through your local reviewing official
- Q. How do I prepare a supplemental claim?
- A. DFAS Columbus Customer Service will walk you thru the steps to complete a supplemental claim.

At a minimum, a supplemental claim must include:

- a. A DD Form 1351-2 marked "SUPPLEMENTAL". Provide a full explanation of the item(s) of expense in question on the new DD Form 1351-2 or on a separate sheet of paper.
- b. A copy of the Advice of Payment for the original payment made on the voucher in question.
- c. A copy of the initial DD Form 1351-2 and continuation sheets (if any).
- d. One copy of the orders and amendments.
- e. A copy of all supporting documentation applicable to the supplemental claim. If not available, provide a written statement attesting to the accuracy of items claimed for which no receipt is available. Statements should reflect the same information that would have been on the receipt had it been available.

Box text for Block 15:

"Means/Modes of Travel" (Two letter code)

First:

- **T** Government provided ticket (no out of pocket cost to traveler)
- **G** Government transportation (no out of pocket cost to traveler)
- **C** Commercial transportation (traveler personally purchases transportation)
- P Privately Owned Conveyance

Second:

- **A** Automobile
- M Motorcycle
- B Bus
- P Plane
- R Rail

Common combinations:

- PA Private auto
- CA Commercial auto (taxi)
- **TP** Government provided airfare (no cost)
- **CP** Commercial airfare (traveler purchased)

"Reason for Stop" (Two letter code)

- **AD**: Authorized Delay is used for overnight stays or if delayed at airport over midnight.
- **AT:** Awaiting Transportation is used when waiting for other modes of travel. This is usually conducted in same day travel, no overnight at terminal.
- **HA:** Hospital Admittance is used to indicate inpatient care at a medical treatment facility or hospital.
- **HD:** Hospital Discharge is used to indicate discharge from inpatient care.
- **TD:** Temporary Duty is used to indicate time spent performing official business at a location other than the old or new permanent duty station (PDS).
- LV: Leave is used to indicate time away from military duty; either on site, at home of residence or chosen location.
- MC: Mission Complete is used to conclude

travel. "MC" for Permanent Change of
Station (PCS) indicates the date the entitlement being claimed is executed
to the new PDS. For example, MC for
en route travel is the date the member
arrives at the new PDS to report for
duty. MC for a Personally Procured
Move is the date the Household
Goods (HHG) arrive at the new PDS.

Publication acknowledgments/credits

Prepared by the DFAS Columbus Travel Pay Services

Attached are some other forms common to Civilian PCS Travel Claim submissions. These are only samples designed to give an idea of what a form might look like. Please refer to your agency or to our PAMPHLET FOR CIVILIAN PERMANENT DUTY TRAVEL (PDT) which is located on our website along with some other helpful tools at: http://www.dfas.mil/travelpay/dodagencies/permanentdutytravelpdt.html

	REQUEST/AUT								Υ
(F	OR TEMI Reference: Joint Travel Ri	PORARY CH/ legulations) (Rea							ing form.)
	SEC	TION I - REO	UEST F	OR	OFFICIAL T	RAV	EL		-
1. DATE (YYYYMMOO)	2. NAME (Last, First, M	fiddle)					3. SO	CIAL	SECURITY NUMBER
4. NEW POSITION TIT	LE	5. GRADE OR	RATING		RETIREMENT (employee's most their servicing po	f rece	nt SF-50.	lf unkr	t code from Block 30 of nown, employee should contect
7 RELEASING OFFICE	AL STATION AND LOCA	TION OR ACTU	ΙΔΙ	8	NEW OFFICIAL	STA	ΤΙΟΝ ΔΝ	DIO	CATION, ACTUAL RESIDENCE
RESIDENCE	and the country of th				OR ALTERNAT				and the same transfer of
9. REPORTING DATE 10. TRAVEL PURPOSE	AT NEW DUTY STATIO	N (YYYYMMDD) 11. TRANSPOR	TATION	MOD	_	1 12-	DCD DIE	M EO	R EMPLOYEE
				MOU	_	123			
RENEWAL AGREEME		COMMERCI			POC RAIL	H	YES DED DIEM	_	NO DEPENDENT(S)
	RSEAS FOR SEPARATION			_	AIR	H	YES		NO NO
TEMPORARY CHANG		MILEAGE RATE:				Н	123		
OTHER		\$							
13a. ROUND TRIP TRA	VEL FOR HOUSE	14a. TEMPORA	ARY QUAR	RTER	S	15a	. HOUSE	нош	GOODS (HHG) SHIPMENT
HUNTING		SUBSIST	ENCE EXP	ENS	E		YES		NO
YES NO		YES	NO				соммит	ED RA	ATE .
ACTUAL EXPENSE	FIXED	ACTUAL E	KPENSE		FIXED		GOVERNI	MENT	BILL OF LADING (GBL)
b. NUMBER OF DAYS (In		b. NUMBER OF	DAYS AUT	HOR	ZED	Ь.	NET WEK	SHT A	UTHORIZED
16. OTHER AUTHORIZ		1							17. DEPENDENT TRAVEL
TEMPORARY STORA	_	UNEXPIRED LEAS							CONCURRENT
NONTEMPORARY ST		RELOCATION IN		ALLO IUS	OCONUS			- 1	DELAYED
PROPERTY MANAGE		MISCELLANEOUS			OCONOS				NOT AUTHORIZED
REAL ESTATE EXPE		TRAVEL ADVAN			(Amount) \$			ŀ	MOT AUTHORIZED
	VEL FROM (Home Address			_	O (New PDS)			<u> </u>	
19. DEPENDENTS									
a. NAME (Leat, First, Mi	ddle Initial)			Ь. Г	RELATIONSHIP				c. DATE OF BIRTH (YYYYMMDD)
				\vdash					
				\vdash					
				\vdash					
20. ESTIMATED COST				-			21. TR	ANSP	ORTATION AGREEMENT
a. PER DIEM	b. TRAVEL	c. OTHER		d. 1	OTAL		SIC	SNED	(X one)
				٠.			Y	ES]	NO
2	2	2		\$ 0	.00		DATE S	IGNED	(YYYYMMDD)
		N II - AUTHO	RIZATIO	ON F	OR OFFICIA	AL T	RAVEL		
22. ACCOUNTING CITA	ATION								
23. APPROVING OFFIC	CIAL			ь.	UGNATURE				
1. TITLE				100	M >				
24. AUTHORIZING/ORD	DER-ISSUING OFFICIAL	h SIGNA	TURE	_			c. ORG	ANIZA	TION ADDRESS
a. TITLE		Married .	•						
25. TRAVEL AUTHORIS	ZATION NUMBER			26.	DATE ISSUED) įvy	YYMMDD!		
	******			L					
DD FORM 1614, M	AY 2003	PREVIO	US EDITIC	NI IS	OBSOLETE.				Adobe Professional 8.0

PRIVACY ACT STATEMENT

(5 U.S.C. #552a)

AUTHORITY: 5 U.S.C. 555701, 5702; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE(S): Used as authority to issue transportation documents, bills of lading for household goods and automobiles, and as a supporting authorization for cash payment of travel and transportation allowances.

ROUTINE USE(S): None.
DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude timely consideration of your request.
SECTION III - ADMINISTRATIVE INFORMATION
27. CLAIMANT - FORWARD COMPLETED SETTLEMENT CLAIM TO THE FOLLOWING ADDRESS: (Losing/Geining Activity - provide the address to where the employee should submit this claim for final disbursement.)
28. REMARKS OR OTHER AUTHORIZATIONS (Use this space for special requirements, leave, excess baggage, etc., or other authorization.)
This PDT/TCS travel authorization may be amended by the gaining activity. Expenses/charges not allowed at Government expense are the financial responsibility of the employee concerned.

DD FORM 1614 (BACK), MAY 2003

Reset

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES (DoD Civilian Employees when transferring due to Permanent Change of Station (PCS)) PRIVACY ACT STATEMENT AUTHORITY: 5 USC 5724 and EO 9397 (SSN). PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations. ROUTINE USE(S): None. DISCLOSURE: Voluntary; however, completion of this form is necessary before reimbursement may be authorized and expenses paid. The personal information requested is needed to identify the employee. EMPLOYEE INSTRUCTIONS 1. Prepare an original and one copy of the Reimbursement for Real Estate Sale and/or Purchase, DD Form 1705. Complete all blocks in Parts I, II, or III and enter all applicable amounts and totals in Columns (1) and (2) of Part V, on the back of this form. Attach one complete set of required supporting documents, e.g., sales agreement between buyer and seller, settlement statement, etc. Please submit copies as the documents are not returned. Sign and date in the applicable Employee Certification block. 3. Submit Travel Voucher or Subvoucher, DD Form 1351-2, along with the original DD Form 1705 and copies of supporting documents to your supervisor. Retain a copy of this claim application and the originals of all supporting documents for your personal files. PART I - EMPLOYEE INFORMATION 2. SOCIAL SECURITY NO. 3. MAILING ADDRESS (Include ZIP Code) 1. NAME (Lest, First, Middle Initial) 4. WAS A REAL ESTATE CLAIM PREVIOUSLY SUBMITTED FOR EXPENSES FOR THIS PCS TRANSFER? (X one) YES PART II - TRANSFER INFORMATION 5. YOUR NOTIFICATION DATE OF 6. OLD DUTY STATION LOCATION 7. NEW DUTY STATION LOCATION THIS TRANSFER (YYYYMMOD) 8. TRAVEL AUTHORIZATION DATE 9. DATE TRANSPORTATION AGREEMENT SIGNED | 10. DATE REPORTED FOR DUTY AT NEW DUTY /VVVVMMDDI сууууммаан STATION (YYYYMMODI PART III - RESIDENCE INFORMATION a. PROPERTY AT OLD DUTY STATION b. PROPERTY AT NEW DUTY STATION 123 OLD STREET 11. COMPLETE RESIDENCE ADDRESS DAVENPORT, IA 52801 (Include spertment number and ZIP Code) 12. NUMBER OF DWELLING UNITS 1 13. CLOSING OR SETTLEMENT DATE /YYYYMMDD 20090610 14. SALE AND/OR PURCHASE PRICE \$ 862,000.00 Š 15. TOTAL EXPENSES CLAIMED Ś \$ 61,916,20 EMPLOYEE CERTIFICATION(S) 16 SALE OF OLD RESIDENCE 17 PURCHASE OF NEW RESIDENCE certify that the amounts claimed in Part V in conjunction with the above I certify that the amounts claimed in Part V in conjunction with the above sale represent only amounts actually paid by me, that title to the property was surchase represent only amounts actually paid by me, and that title to the in my name and/or a member of my immediate family, and that this was my primary residence when I was first definitely informed of my transfer. property is in my name and/or a member of my immediate family and is my new primary residence. a. EMPLOYEE SIGNATURE a. EMPLOYEE SIGNATURE DATE (YYYYMMDD) DATE (YYYYMMOD). YOUR SIGNATURE 20090615 MANAGEMENT INSTRUCTIONS (To be reviewed/completed by the employee's supervisor or the official designated by the commanding officer of the employee's activity.) 1. For Sales and Purchases: Send the original Reimbursement for Real Estate Sale and/or Purchase Closing Cost Expenses, DD Form 1705, and copies of the supporting documents to the official designated to approve the reasonableness of the expenses itemized in Part V. 2. Submit the original DD Form 1705 and copies of the supporting documents, including the Travel Voucher or Subvoucher, DD Form 1351-2, to the appropriate payment approving official in the paying office. 19. PURCHASE EXPENSES 20. PAYMENT APPROVAL BY NEW DUTY STATION The purchase expenses claimed in Part V are Payment of this claim is approved in the amount approved as being reasonable in amount and \$ 61,000.00

PART IV - MANAGEMENT APPROVAL INFORMATION 18. SALE EXPENSES The cale expenses claimed in Part V are approved as being reasonable in amount and customarily paid by a seller in the locality where the property is located. customarily paid by a buyer in the locality where the property is located. AS CLAIMED If amount approved is less than amount claimed, AS CLAIMED see attached memo. AS REDUCED (See attached memo) X AS REDUCED (See attached memo) b. DATE a. SIGNATURE b. DATE b. DATE a. SIGNATURE a. SIGNATURE /VVVVVMM00 (VVVVMM0D) (YYYYMMDD) Reviewer Signature AO Signature 20090618 20090619 c. TITLE c TITLE c TITLE Reviewing Official Title

DD FORM 1705 OCT 2002

PREVIOUS EDITION IS OBSOLETE.

Reset

Approving Official (AO)Title

Adobe Professional 7.0

PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION

	TOTAL AMO	DUNTS PAID
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The caled commission paid to a broker or real extate agent for calling former recidence. Included feed for litting the recidence and payment for multiple litting service, when not included in the commission paid to the broker or the agent.	s 51,720.00	
22. ADVERTISING FEES: Expenses paid for newspaper and other advertising when a direct sale is made without using the services of a real estate broker or real estate agent.	S	
 APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested cale price for the residence. 	S	
24. LEGAL AND RELATED FEES: The amount(s) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	\$ 790.00	s
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except Item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	s	
 LENDER'S APPRAISAL FEE: The amount paid for the mortgages or lender's charge for residence appraisal. 		S
c. FHA OR VA APPLICATION FEE	S	S
d. CERTIFICATION FEE: The amount paid for any required certification at to the structural coundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgages and/or lender, FHA or VA.	\$ 1,407.00	s
 CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgages and/or lender, FHA or VA 	s	s
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title incurance only. A mortgage incurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	s	s
g. ESCROW AGENT'S FEE: The amount paid to an ecorow agent, title company, or similar entity used to close a real estate transaction.	S	S
h. CITY/COUNTY/STATE TAX STAMPS	S	S
i. SALES OR TRANSFER TAXES: MORTGAGE TAX	\$ 7,974.20	S
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customery charges or fees paid as may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	s 25.00	s
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 61,916.20	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Footnates 2 and 3)		\$ 0.00

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, morigage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes:

- 1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- 2. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- 3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

DD FORM 1705 (BACK), OCT 2002

Reset

REIMBURSEMENT FOR REAL ESTATE SALE AND/OR PURCHASE CLOSING COST EXPENSES

(DoD Civilian Employees when transferring due to Permanent Change of Station (PCS))

PRIVACY ACT STATEMENT

AUTHORITY: 5 USC 5724 and EO 9397 (SSN).

PRINCIPAL PURPOSE(S): Used by DoD civilian employees to request reimbursement of real estate expenses related to the sale and/or purchase of their primary residence due to a permanent change in their duty stations.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary because completion of this form is percentage before rainty

personal information requested			y before reimb	ursement	may be authorized and e	enses	paid. The	
		EMPLOYEE IN	STRUCTIONS					
 Prepare an original and one ill, or ill and enter all applicable Attach one complete set of Please submit copies as the doc Submit Travel Voucher or Styour supervisor. Retain a copy 	amounts and tot required support suments are not ubvoucher, DD F	als in Columns (1) and (, ing documents, e.g., sal <i>returned.</i> Sign and date form 1351-2, along with	2) of Part V, o es agreement in the applica the original D	n the back between b ble Employ D Form 17	of this form. ouver and seller, settleme yee Certification block. 705 and copies of suppo	ent state	ment, etc.	
PART I - EMPLOYEE INFORMAT	TION							
 NAME (Leat, First, Middle Initial) Doe, John M. 		2. SOCIAL SECURITY NO 000-00-0000	SS (Include ZIP Code)					
 WAS A REAL ESTATE CLAIM PI THIS PCS TRANSFER? (X one) 	YES	NO NO	Columb	us, OH 43	216			
PART II - TRANSFER INFORMA								
5. YOUR NOTIFICATION DATE OF THIS TRANSFER (YYYYMMOO)	Rock Island	Y STATION LOCATION , IL		Columbi	DUTY STATION LOCATION 15, OH			
8. TRAVEL AUTHORIZATION DATE (YYYYMMDD) 2009	0501	9. DATE TRANSPORTATI (YYYYMMDD)	ON AGREEMEN 20090430		10. DATE REPORTED FOR STATION (YYYYMM)		T NEW DUTY 20090602	
PART III - RESIDENCE INFORMA	ATION	a. PROPERTY AT C	LD DUTY STAT	ION	b. PROPERTY AT N	EW DUT	YSTATION	
11. COMPLETE RESIDENCE ADDRE					123 New Street Columbus, Ohio 43216			
12. NUMBER OF DWELLING UNITS						1		
13. CLOSING OR SETTLEMENT DA	ТЕ (ҮҮҮҮММОО)				2009	90902		
14. SALE AND/OR PURCHASE PRICE	Œ	\$		\$ 287,900.00				
15. TOTAL EXPENSES CLAIMED		\$		\$ 6,858.95				
EMPLOYEE CERTIFICATION(S)								
16. SALE OF OLD RESIDENCE I certify that the amounts claim cale represent only amounts actually in my name and/or a member of my primary residence when I was first to	y paid by me, that immediate family,	title to the property was and that this was my	purchase repre	t the amou cent only ar ny name an	RESIDENCE ntz claimed in Part V in con mountz actually paid by me, d/or a member of my immed	and that	title to the	
a. EMPLOYEE SIGNATURE		b. DATE (YYYYMMDD)	a. EMPLOYEE	SIGNATUR	RE	b. DAT	E (YYYYMMOO)	
			YOUR SIG	NATURI	E 20090905			
(To be reviewed/completed if 1. For Sales and Purchases: So and copies of the supporting do 2. Submit the original DD Form to the appropriate payment app	end the original I cuments to the 1705 and copie roving official in	Reimbursement for Real official designated to app as of the supporting doc- the paying office.	rial designated Estate Sale an prove the reas	by the co d/or Purch onablenes:	ase Closing Cost Expens of the expenses itemize	ses, DD I ed in Par	Form 1705, t V.	
PART IV - MANAGEMENT APPI 18. SALE EXPENSES	ROVAL INFORM		-		20. PAYMENT APPROVAL	DV NEW	DUTTY STATION	
18. SALE EXPENSES The cale expenses claimed in F approved as being reasonable in am customarily paid by a celler in the loproperty is located. AS CLAIMED AS REDUCED (See attached m.	ount and icality where the	19. PURCHASE EXPENSE The purchase expense approved at being reasons customarily paid by a buys property is located. X AS CLAIMED AS REDUCED (See a	es claimed in Pa ble in amount a r in the locality	nd	Payment of this claim in cf. \$ 6,858.95 If amount approved is loce attached memo.	is approve	ed in the amount	
a. SIGNATURE	b. DATE (YYYYMMDD)	a. SIGNATURE Reviewer Signature		ATE 'YYMMDD) 090910	a. SIGNATURE AO Signature		b. DATE (YYYYMMDD) 20090913	
e. TITLE		e. TITLE Reviewing Official T	itle		e. TITLE Approving Official (.	AO)Tit	le	

DD FORM 1705, OCT 2002

PREVIOUS EDITION IS OBSOLETE.

Reset

Adobe Professional 7.0

PART V - EXPENSES INCURRED AND PAID IN SELLING RESIDENCE AT OLD DUTY STATION AND/OR PURCHASING RESIDENCE AT NEW DUTY STATION

	TOTAL AMO	OUNTS PAID
EXPENSE ITEM AND EXPLANATION	(1) SALE EXPENSES FOR FORMER RESIDENCE AT OLD DUTY STATION	(2) PURCHASE EXPENSES FOR NEW RESIDENCE AT NEW DUTY STATION
21. SALES/BROKER'S COMMISSION FEES: The cales commission paid to a broker or real estate agent for selling former residence. Includes fees for listing the residence and payment for multiple listing service, when not included in the commission paid to the broker or the agent.	s	
22. ADVERTISING FEES: Expended paid for newspaper and other advertiding when a direct calle id made without using the derviced of a real edate broker or real edate agent.	s	
 APPRAISAL FEE: The amount paid to a professional appraiser for establishing a suggested cale price for the residence. 	S	
24. LEGAL AND RELATED FEES: The amount(z) paid for title costs, e.g., abstract or title search, title examination, related notary fees, title insurance policy; costs of preparing conveyance documents and contracts; costs of making surveys, preparing drawings or plats when required for legal financing purposes; recording and transfer charges, etc.	s	\$ 596.04
25. MISCELLANEOUS COSTS: Amounts paid in connection with sale of the former residence and/or purchase of the new residence. The purchaser ordinarily pays these expenses (except Item a. below); however, depending on local custom and practice, the seller may be required to pay some of them.		
a. PREPAYMENT CHARGE: The amount required in the mortgage (or other mortgage security instrument) as a fee paid for loan repayment; or if not specifically required by the mortgage instrument, the prepayment amount paid. The amount is limited to 3 months prevailing interest on the loan balance.	s	
 LENDER'S APPRAISAL FEE: The amount paid for the mortgages or lender's charge for residence appraisal. 		\$ 300.00
c. FHA OR VA APPLICATION FEE	S	\$ 0.00
d. CERTIFICATION FEE: The amount paid for any required certification at to the structural coundness or physical condition of the property, e.g., lender's inspection fee, pest inspection, radon test, etc., if required by the mortgages and/or lender, FHA or VA.	s	\$ 7.50
 CREDIT REPORT FEE: The amount paid for the credit or factual data report on the buyer, if required by mortgages and/or lender, FHA or VA 	s	\$ 15.50
f. MORTGAGE TITLE POLICY FEE: The amount paid for mortgage, or lender's, title incurance only. A mortgage incurance policy on the life of the borrower and the additional cost for an owner's title policy are NOT reimbursable expenses.	s	\$ 1,285.04
g. ESCROW AGENT'S FEE: The amount paid to an ecorow agent, title company, or similar entity used to close a real estate transaction.	S	\$ 545.00
h. CITY/COUNTY/STATE TAX STAMPS	S	\$ 1,727.67
i. SALES OR TRANSFER TAXES; MORTGAGE TAX	S	\$ 79.00
26. OTHER INCIDENTAL EXPENSES: This includes other expenses that are reasonable and customery charges or feet paid at may be authorized and not properly included in the items listed above. Incidental expenses must be itemized and explained. Attach a separate sheet, if necessary.	s	s 2,303.20
27. TOTAL COSTS INCURRED AND PAID FOR THE SALE OF THE FORMER RESIDENCE AT THE OLD DUTY STATION (Column (1). See Footnotes 1 and 3)	\$ 0.00	
28. TOTAL COSTS INCURRED AND PAID FOR THE PURCHASE OF THE NEW RESIDENCE AT THE NEW DUTY STATION (Column (2). See Factories 2 and 3)		\$ 6,858.95

Note: Costs of insurance against damage or loss of property, maintenance and operating costs and property taxes are not reimbursable. Also, morigage discounts, points, interest on loans, and losses in connection with the sale or purchase of a residence due to price or market conditions are not reimbursable. No fee, cost, charge, or expense is reimbursable which is determined to be a part of the finance charge under the Truth in Lending Act, Title I, Public Law 90-321, and Regulation Z issued by the Board of Governors of the Federal Reserve System.

Footnotes

- 1. The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 10% of the sale price of the residence at the old duty station.
- The total amount of expenses which may be reimbursed is this amount, but it shall not exceed 5% of the purchase price of a residence at the new duty station.
- 3. If property is a multiple family unit type (excluding condominium) expenses are prorated and allowed for the employee's residence unit only.

DD FORM 1705 (BACK), OCT 2002

Reset

RELOCATION INCOME TAX ALLOWANCE (RITA) / STATUS CERTIFICATION FORM

1) I certify that the following information, which is to be used in calculating the RIT allowance to which I am entitled, has been (or will be) shown on the income tax returns filed (or to be filed) by me (or by my spouse and me) with the applicable Federal, State, and Local (specify which) tax authorities for the 2009 tax year. GROSS COMPENSATION as shown on attached IRS Form(s) W-2, 1099R(s) showing *non-disability Military pay and, if applicable, net earnings (or loss) from self-employment income shown on attached Schedule SE (Form 1040); Forms 1099R* Forms W-2 Schedule SE \$ 63,042.00 Employee Spouse (if filing jointly) \$ 105,122.00 Total (All columns) FILING STATUS Specify the filing status that was (or will be) claimed on IRS Form 1040 (Please circle one below): Single Head of Household Married Filing Joint Married Filing Separate 4) PRINTED NAME OF EMPLOYEE FRED P. DOE 5) STATE TAX RETURNS Since most non-deductible moving expense reimbursements will be taxed at the new location, the Federal Travel Regulations do not provide for a RIT allowance related to state taxes at the employee's old location. However, in very limited circumstances, the employee may be subject to state taxes in two states at the new location. This would be true if the employee's state of residence at the new location and the state where the employee worked at the new location were different and both taxed the employee's RIT income - without either of these states allowing an adjustment or credit for this double taxation. If either state allows an adjustment or credit for this double taxation, then the RIT allowance is based on the other state's tax rate otherwise, it is based on the sum of the tax rates for both states at the new location. List below the name(s) of the state(s) which taxed your non-deductible moving expense reimbursements for this tax year. LOCAL TAX RETURNS If the employee incurs an additional local income tax liability as a result of moving expense reimbursements. Specify the name of all localities and the applicable tax withholding rate (s), i.e. 1%, 2%, etc. for this tax year. These local tax rates are expressed as a percent of one of the following: income, federal tax or state tax, and are to be listed in the "Type of Tax" column. Please contact your local tax authorities if you are unsure of these items. Type of Tax Locality Percent N/A The above information is true and accurate to the best of my knowledge. I (we) agree to notify the appropriate DOD component official of any changes to the above (i.e., from amended tax returns, tax audits, etc.) so that appropriate adjustment to the RIT allowance can be made. The required supporting documents, including a signed and dated DD Form 1351-2 with 3 copies of my travel orders, and all claimed income W-2s, etc., are attached. Additional documentation will be furnished if requested. I (We) further agree that if the 12 month services agreement required by the Joint Travel Regulation (JTR), Vol II, Paragraph C4001-A is violated, the total amount of the RIT allowance will become a debt due the U.S. Government. 7) Employee's Signature ***** THIS FORM MUST BE SIGNED BY EMPLOYEE ***** Spouse's Signature (If joint tax return(s) were filed) **MUST SIGN WHEN JOINT FILING CLAIMED ** Date 3/8/2009 Social Security Number 123-45-6789 Spouse (if applicable) PRIVACY ACT STATEMENT Collection of this information is authorized by 5 U.S.C., Section 5724b and 10 U.S.C. Section 136. The use of an individual's Social Security Number for purposes related to Federal income taxes is authorized by 26 U.S.C., Section 6109. The Social Security Number will be used to verify the individual employee's identity. The information famished or submitted with this form is confidential and will be used to calculate the employee's RIT allowance. Failure to provide this information could proclude or delay processing of

your RIT Allowance.